

CHEMIST & DRUGGIST

the newsweekly for pharmacy

November 19, 1988

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**PSNC's choice:
better value or
NHS domesday**

**Judge rules on
Boots 'minor'
relocation**

**Guild ballot
'fundamental'**

**AAH bullish
over interims**



**Disabled: aids
to independence**

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COMMENT

Last weekend the way pharmacists might be remunerated in the future was examined at two separate conferences.

It appears that the Pharmaceutical Services Negotiating Committee may be a victim of its own success. In the current year it was agreed that, as a political expedient, an underpayment to contractors of £40m-plus was to be paid out in two instalments over two years, to mask the near 20 per cent contract increase. Similarly next year, PSNC financial executive Mike Brining forecasts that the balance sheet could be flush with money. The fear is that the Government might impose solutions if PSNC does not suggest alternative ways to deliver even more value for money in NHS pharmaceutical services (p876).

Former PSNC chief executive Alan Smith suggests the Government's imposed methods of producing savings could include limited list extension, or enforced generic prescribing. While Mr Smith fears the effect this will have on the pharmaceutical industry, Mr Brining favours reducing drug costs through increased generic prescribing, local formularies, and tighter prescribing, because NHS

payments for professional services will only be "marginally affected" by lower drug costs with a cost-plus contract. PSNC may have little choice but to encourage such savings.

The Government is known to be disappointed that too many pharmacies opened in the pre-contract rush of its own making, and that too few have closed since. A practice allowance could make it more attractive for pharmacies to develop in outlying areas, according to Mr Brining. And he suggests that if an additional pharmacists allowance was paid to pharmacies dispensing more than 28,000 scripts per annum there would be a natural pressure to amalgamate pharmacies, resulting in economies of scale for the Government. This would be funded from existing budgets.

For pharmacists who were looking to a measure of security in the wake of the new contract the spectre of a Government intent on cutting costs is frightening. Security of contract, or not, if the value of that contract is devalued by unilateral Government action then it becomes meaningless. Let us hope that PSNC can establish the pace and vigour set out by Mr Brining as its goal to avoid his domesday scenario of a prescription market free-for-all.

Constructive approach to avoid NHS domesday



Mike Brining

Pharmacy must approach Government now with positive suggestions to get better value for money out of NHS dispensing services or face a "domesday scenario" with the possible loss of the cost-plus contract, an element of privatisation, or a variety of forms of dispensing competition. Mike Brining, financial executive of the Pharmaceutical Services Negotiating Committee made this forecast at the NPA North West Conference (p904).

Mr Brining said action should be taken to encourage a more rational distribution of pharmacies and reduction in pharmacy numbers in overprovided areas. Partial success had already been achieved with some 300 pharmacies closing under the new contract. "Currently 40 per cent of contract applications are successful but this figure should be reduced by the introduction of more stringent criteria."

NHS remuneration could be restructured to provide incentives to closure and amalgamation. The present compensation scheme could be continued and further supported, he said.

"First, by the introduction of a practice allowance payable to pharmacies dispensing more than 16,000 prescriptions per annum or which are situated more than one kilometre from the next nearest pharmacy. Secondly, by the simultaneous introduction of an additional pharmacists allowance for pharmacies dispensing more than, say 28,000 prescriptions per annum." Mr Brining said this restructuring could take place within existing funding at nil cost to Government which would benefit from the resultant reduction in pharmacy premises costs.

Improved viability

"The advantages to the profession would lie in improved viability for smaller pharmacies in areas of need, and an increase in the professional staffing ratio per pharmacy which would be consistent with the undertaking of new roles envisaged by Nuffield and the Government White Paper, and the introduction of performance incentives."

And Mr Brining recommended action to reduce drug costs which accounted for nearly 80 per cent of the cost of the pharmaceutical service. "Given a continuation of

the cost-plus contract, NHS payments for professional services would be only marginally affected by lower drug costs."

Mr Brining backed increased generic prescribing; setting up of local drug and therapeutics committees with local formularies; the introduction of a triple prescription scheme limited to 28 days supply, and prescribing in dose related quantities. "These measures could well achieve savings of 20pc in drug costs."

"But what if Government were to pursue the alternative strategy of introducing competition for the provision of NHS pharmaceutical services which would continue to be state funded?" Mr Brining asked. The first option was competition between the hospital services and the community services. At the moment community pharmacy received some protection from legislation but this need not necessarily continue.

Provided the competition was two way the threat was not significant.

Then there was competition between dispensing doctors and community pharmacy. "There is no doubt that dispensing doctors who dispense about 6 per cent of all prescriptions, will continue to press for the ability to dispense for all their patients."

Another option was competition by tender. A precedent for this already existed in the introduction of the oxygen concentrator service.

The final alternative would be to allow complete freedom of competition. Government would treat pharmacists much in the same way as opticians have been treated.

He said competitive freedom on service pricing would lead to pharmacy closures, possible loss of service in areas of need and a continuing emphasis generally on supply rather than service.

Looking ahead to negotiations for the 1989-90 balance sheet, Mr Brining said there appeared to be "a lot of money". First there was the second element of the lump sum owing from the 1988-89 financial year. Then there was cash from deferrals, such as the stockholding inquiry, which was expected to show that pharmacists held more than the forecast four week's stock. Also inflation was now well above the 8 per cent imputed and base rates

were well ahead of projections.

But an alternative was that, following the NHS review, the Government could go for radical negotiations next year. "Cost-plus could give way to cash-limited remuneration". For example, the lump sum payment could be made, said Mr Brining, but a cash limit could be applied to the global sum by applying the rate of inflation.

Another possibility was "creeping attrition" with group 3 costs (those dispensing between 28,000-48,000 scripts) being applied to group 2 (16,000-28,000 scripts). Finally, Government could put a ceiling on individual cost elements such as rent.

Character change

Pursuing any of these alternatives would mean a change in the character of negotiations. "The DoH is required to consult, but

informing PSNC of a *fait accompli* meets the statutory requirements of consultation."

These various suggested DoH actions could mean that: underpayments would not be carried forward to the next financial year; that costs would not be reimbursed; that no payment for new roles could be expected if existing roles were not properly reimbursed, and the end of the compensation scheme.

However, Mr Brining suggested pharmacy could co-operate in providing the additional roles envisaged by Nuffield and in developing a remuneration structure to provide incentives to service rather than supply alone. "This is the constructive approach which must be impressed on Ministers. Early meetings can be expected so that a comprehensive report can be made to Conference in February."

Better pharmacy access

Health boards should actively regulate the provision and level of accessibility of community pharmacies.

The boards should promote the establishment of pharmacy services in rural areas and in some urban areas where lack of easy access to a pharmacy might limit a patient's ability to obtain prescribed medicines and follow the doctor's advice, says the

"Scottish Health Authorities Review of Priorities for the Eighties and Nineties" (HMSO £6.50).

The report also suggests that collaboration between hospital and community pharmacy should be increased. Pharmacists should be involved more widely as a source of specialist advice to GPs and other health care workers, the report adds.



More pressure to merge FPCs with DHAs

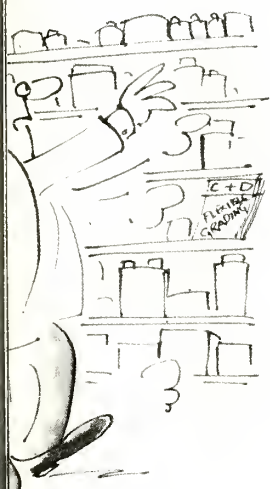
The Government is coming under increasing pressure to integrate the planning of family practitioner services with that of the hospital and community health services. A report published by the cross party House of Commons Public Accounts Committee on Wednesday called on the Department of Health to set an early date for the necessary changes to be introduced.

The Committee also noticed the view of officials at the DoH that the different geographical boundaries of family practitioner committees and district health authorities in England causes difficulty in achieving effective collaboration.

The Committee suggests that consideration should ultimately be given to the introduction of a unified management structure. At present about 50 per cent of the 90 FPCs have boundaries which coincide with those of DHAs.

Difficulties experienced by some patients through the limitations imposed on rural doctors were underlined by Mr Michael Latham, a Conservative member on the Committee.

He said a rural doctor in a case he had investigated had been allowed to dispense for virtually everybody on his list except for a particular patient who had to go to a chemist in the town. Mr Latham maintained that this kind of restriction, governed directly by Government regulations, was "simply not in accordance with the wishes of that patient."



Guild ballot: no staff side recommendation

The Guild of Hospital Pharmacists is not issuing a recommendation how to vote in the ballot on a proposed new grading structure.

According to Dr David Bird, general secretary of the Guild section of the union MSF: "The proposal for a new grading structure is so fundamental to the development of hospital pharmacy that all individuals must make up their minds on it".

Dr Bird says it is the best the staff side can achieve in flexible grading in the current circumstances; the alternative is to continue with the current structure. The proposal does not immediately apply to Northern Ireland but, if adopted in the rest of the UK, it is expected to extend to the Province.

If the package is adopted, health authorities will be able to grade posts and decide staffing numbers according to their needs, with posts graded on level of

responsibility.

The management side's formal proposal envisages eight grades; the lowest two, A and B, have specified roles, but new grades C to H are the grades which would enable specialists to achieve a better career structure (see table).

The management side offer also includes some grading indication factors as guidelines to authorities, though they are not intended to be prescriptive.

The offer says job descriptions must be used as a basis for determining the grade appropriate for each post and should be acceptable to the post holder. Factors to be considered include the size, complexity, range and level of service provided, the extent of responsibility for resources, research and development and teaching, and, in the case of specialists, the extent of expertise provided and to

whom. An appeals procedure is proposed.

Job titles should reflect professional responsibilities, the offer says, and are expected to follow local preferences.

The management side have also proposed a discretionary points system for grades C to H, whereby pharmacists whose posts have developed to involve additional responsibilities, but do not warrant a higher grade, may advance up a grade scale by up to three points.

Any pharmacist who loses out financially through regrading will have some measure of pay protection.

Determining grades

In a commentary on the management side's offer, sent out with the ballot papers last week, Dr David Bird says pharmacists will probably be unable to determine precisely their own grade in the new system. "This is quite deliberate. Each grade only has meaning in the context of the definition of the grade below and the grade above."

He notes that one improvement in the new grading structure is that the weight of responsibility is defined in pharmaceutical terms, rather than, as in the past, the size of such intangibles as the health authority, or the number of beds in the hospital. But staff side is a little concerned that discretionary points might be used as an alternative to upgrading.

If the new grading structure is agreed, the national framework will be completed by negotiation of a salary structure and an assimilation scheme. Dr Bird thinks the salary structure is likely to be in the form of a single spinal column with the top and bottom of each grade identified on the column.

If the majority vote "yes", the negotiating team will proceed to negotiate a pay settlement based upon the new grading structure. If the answer is "no", Dr Bird says there is no option but to proceed to negotiate pay based upon the existing structure.

The question involves, he says, an assessment of the future of hospital pharmacy, the switch from national to a mix of national and local negotiations and the confidence of pharmacists in their local and national negotiators to reach agreeable local structures.

Ballot papers have to be returned to MSF by December 5.

Grade	Duties	
A	Basic duties in various aspects of pharmacy practice where the professional support and guidance of a pharmacist grade B or above is available. (Appropriate for recently registered pharmacists and may also be appropriate for those returning after career break)	
B	Basic duties in various aspects of pharmacy practice, but sufficient experience not to require the professional support required by Grade A	
C	Managerial Registered pharmacist who directs the work of other pharmacist(s)	Specialist Registered pharmacist who provides specialist services
D	Managing an area of pharmaceutical activity	Providing a specialist service carrying comparable responsibility
E	Managing a pharmaceutical department, or its equivalent, with more responsibility for forward planning and development	A higher level of specialist service carrying comparable responsibility
F	Overall responsibility for comprehensive pharmaceutical service to a health authority or health board or managing a very large department	Provision of a high level of professional expertise carrying comparable responsibility
G	Usually equivalent to overall responsibility for large comprehensive pharmaceutical service to one or more health authorities/health boards	Exceptional level of professional expertise. Permission required from Whitley Council Joint Secretaries.
H	Usually equivalent to planning and/or providing pharmaceutical services to an English region	As for G, but very exceptional level of professional expertise.

Judge lays down relocation marker in Boots case

Ahead of new Government guidelines to FPCs on the rational location aspects of the contract, a ruling in the High Court last week has given some guidance on what constitutes a minor relocation.

The High Court decision cleared the way for Boots to move to new premises in Windermere after two judges ruled that the Cumbria Family Practitioner Committee's blocking of the move was flawed. It had wrongly taken into account the impact on competitors of the proposed move 80 yards down Main Street.

The judges quashed the FPC's decision and ordered the appeal panel to reconsider Boots' application in the light of their judgments.

Boots want to move because their existing premises are cramped and spread over four floors. Allowing the company's appeal, Lord Justice Stuart-Smith sitting with Mr Justice Pill said the appeal panel had been influenced by NHS guidelines which, it was now agreed, were misleading and wrong.

The court heard that under the regulations, FPCs can allow a pharmacy to move to new premises within the same neighbourhood so long as the same services are provided and the supply is not interrupted. But the committee had decided the move was not a minor relocation because it was likely to have a detrimental effect on the two

other pharmacists in the area. The judge said the important thing was the impact on the population, not the competitors.

He said in future PPSCs should bear in mind that a minor relocation decision was largely one of geography — in a busy town a few hundred yards may not be a short distance, in the country a few miles may be. The committee should consider whether the move had changed the population.

A move only a short distance but to the other side of a river or railway may make accessibility to the existing customers, particularly the elderly, difficult, and would not be a minor relocation.

Too few pharmacists

The Scottish Executive of the Royal Pharmaceutical Society believes pharmacists would be under-represented on the proposed Post Qualification Education Board.

While the Scottish Department has nominated two hospital pharmacists, two community pharmacists and one chief administrative pharmaceutical officer, the Executive felt the positions reserved for a general manager, a treasurer and a doctor, should have been filled by pharmacists.

The Department's secretary Dr Jefferson told *C&D* that any reservations the Executive had were secondary considerations compared with making the nominations. The Executive had felt that the chairman of its Education Committee, a pharmacist representing company chemists and an industrial

pharmacist should be members of the Board. "But I understand there is nothing to stop them co-opting if they want such representatives too. We think they could have some useful input."

The Executive is also to press for locum fees to be paid to community pharmacist members.

Other members of the Board include a chairman appointed by the Secretary of State, a member of the academic staff from each of the two Scottish Schools of Pharmacy, and, *ex-officio*, Dr Jefferson and the chief pharmacist to the SHHD.

Residential homes In agreeing that a code of practice would be required for a pharmaceutical supervisory and training service to residential homes, the code would have to reflect any guidelines on practice, ethics and training currently being considered by committees of Council.

In recognising that a fully professional service to residential homes must be adequately remunerated, it was decided, that the Executive and the

Pharmaceutical General Council (Scotland) should meet to ascertain the extent of common ground over pharmaceutical services to residential homes.

Oxygen An SHHD circular had indicated that some patients receiving long term oxygen therapy should be provided with domiciliary oxygen concentrators. The Executive welcomed the therapeutic benefits, but expressed concern about the proposal to establish and maintain a central pool of machines under the Common Services Agency.

The Executive was concerned that the proposed supply of concentrators to high-use patients should not financially deter pharmacist contractors from continuing to provide for low oxygen-use patients.

Entry to pharmaceutical lists Problems of interpretation had arisen from the use of Form B by chemists to notify health boards of a commencement date for pharmaceutical services.

The secretary understood that the regulations relating to entry to pharmaceutical lists were to be consolidated, probably by the Spring of 1989 and this would provide an opportunity to resolve the present difficulties.

Supply of needles and syringes Initial returns had indicated that the number of pharmacists willing to participate in supply was such that a service could be provided in all areas although not all pharmacists who were willing to sell needles and syringes were willing to participate in return and disposal.

The Executive agreed that it should maintain a dialogue with Area Pharmaceutical Committees on this matter and on the need for a meeting for involved pharmacists.

More needles for Tariff

Disposable syringe needles are being added to the Drug Tariff from December 1.

The Department of Health says the entry will be a "generic" one under "Sterile, single use hypodermic needles". The specification (39b) will permit the same range of needle sizes as those currently prescribable in single use syringes with needles, except that needles of less than 0.4mm — 27G — are not currently available.

The new specification calls for a standard luer fitting, so they will be compatible with U100 insulin syringes (both 0.5ml and 1ml British Standard 1619/2 1982); pre-set or click count U100 insulin syringes (Tariff specification 26); insulin syringes for use with insulins of other strengths (specification 1; and ordinary purpose syringes (specification 16).

The DoH says Becton Dickinson, Sabre International Products and Sherwood Medical will be supplying needles in packs of 100 at a Drug Tariff basic price of £2.20, though other manufacturers may wish to supply at a later stage.

PIs 2,309 licensed

The Department of Health has granted, up to the end of October 2, 2,309 parallel import product licences for parallel imports.

Health Minister David Mellor revealed in the last week that 1,149, just under half, had been granted for products imported from Belgium. The country of origin of PL(PI)s is given in the table.

In a reply to Taunton Tory MP David Nicholson, Mr Mellor said that the Government was aware that there is some "general feeling" in the research-based industry that PIs could be harmful to it. "We have not, however, seen any specific evidence of detrimental effects on the balance of trade or investment levels."

Source	PL(PI)s
Belgium	1147
Denmark	49
Eire	0
France	548
Germany	28
Greece	169
Holland	17
Italy	311
Luxembourg	0
Portugal	0
Spain	4

Insulin warning

An increase in difficult hypoglycaemic reactions on switching from beef to human insulins, has been noted by doctors in Lancashire.

In a letter to *The Lancet*, the doctors from a hospital diabetic clinic report a case where an 80 year old woman became semi-comatose one week after being switched to human insulin without their knowledge.

Local pharmacists and GPs

seemed to be acting on the basis of advice from Wellcome/Nordisk that purified beef insulins are interchangeable with Wellcome/Nordisk human insulins, say the authors. And they call for the companies to change their advice on unit-for-unit transfer. The letter confirms problems in insulin change-over highlighted by the British Diabetic Association earlier this year (*C&D* August 27, p340).

Boots' D&P challenged

A Boots branch has been asked by the Advertising Standards Authority to modify posters claiming a five day service for film developing, because it was available only two hours a week.

The move follows a complaint from a member of the public who placed an order at the firm's Galashiels branch on a Tuesday morning and was told that she could pick it up seven days later.

The poster did have a footnote saying "Monday to Friday only on films handed in before 11am" and the company told the ASA that it offered a five-day service on the basis that the reference specifically excluded Saturdays and Sundays.

The Authority considered the emphatic reference to a five day service to be questionable since it was only possible to receive this for two hours in the week — from 9 to 11am on Mondays.

Premises down five

The number of premises on the Royal Pharmaceutical Society's Register fell by five in October to 11,786.

The monthly change is the fourth in a row to show a plus or minus in single figures, now the contract changes are in full effect.

England (excluding London) was down six overall, with nine openings and 15 closures. London was also down, by two, with the number of closures — four — double that of openings. Wales lost one from the Register, while Scotland went against the trend with four additions to the list.

NPA aids

Two new business aids forms in booklet format are available from the National Pharmaceutical Association.

One, entitled "Dear Doctor", contains 100 duplicate consecutively numbered forms to attach to any FP10s requiring amendment by, and return to, the surgery. The text makes clear the details and amendments required with a place for name and address of the surgery, the patient and the shop stamp (£2 each book).

The second booklet contains "Locum Engagement Forms" which provide a legally binding agreement between locums and proprietor (£1.35 per book).

TOPICAL REFLECTIONS

by Kraysen

Getting the needle

Since on occasions I supply local drug abusers with syringes and needles, I was particularly interested to learn that our Scottish colleagues are opposed to needle exchange schemes. So am I. The last thing I want in my shop is a used syringe or needles from a known drug user. I am willing to supply them in the hope they will be used solely by the purchasers for their own need. But my attitude, which might be viewed as helpful or even compassionate, is tempered by a very healthy regard for the safety of myself, my staff and other customers.

What happens to the used contaminated needles I supply? The suggestion that addicts should be given a "sharps" box to dispose of in the domestic refuse sounds lovely until you think about the likely scenario if a fix is due and there are no new syringes? I don't think there is one answer, just expedients aimed at diminishing the danger . . .



Script tax moans

Nigel Lawson, known locally as Niggle, is about as popular as toothache here at the moment. We have a healthy OAP Association whose live wire executives were moaning like mad over the alleged statement that friend Niggle was going to means test them, so the comfortably off would actually have to pay the prescription tax! Most of the worst moaners are distinctly better off, and regularly con their tame GP's into giving them scripts to cover their extended trips round the world. I found myself strangely out of sympathy, although as a subtle diplomat (read creep) I tut-tutted along with them.

Actually, the whole proposition of

script tax strikes me as absurd, as does any proposal to means test, with its evocation of the chilling hand of close calculated charity. Far simpler would be a return to a graded form of income tax because it reflects to a large extent the ability of the individual to pay. Direct taxes on those who need to take medication, when it is in the interests of the community to help them maintain the best possible functioning ability, seems a curious way of raising revenues for the state.

Of course, it could be we poor irks have the Government's philosophy wrong. Maybe it *wants* to reduce the number of OAP's? After all, there are going to be a lot of us around in the next couple of decades. If we aren't tempted to get our eyes tested when we find they get "a bit tired" — and £10 is a lot to find out of the pension — no-one will know we are getting glaucoma until it's too late.

Raised blood pressure might last until we have the stroke? Our teeth can ache a bit, or slowly poison us? But never mind, we'll soon be able to buy new glasses at Woolworths, so who needs tests anyway? I don't think you can call any of this free enterprise somehow . . .

Oh no John, no!

Council is saying "no" to John Davies on what I take to be his revised proposition for a ballot instead of his calling a special general meeting to debate a vote of "no confidence". For reasons I have made clear before I am relieved the original proposition appears to have been put aside. It looks as though John Davies and his colleagues . . . our friends . . . have been satisfied in their discussions with the Society. But we need to know what is happening. Perhaps we can have a letter from Mr Davies now he's enlightened.

Locums — the 'going rate'

Due to the very nature of our cost-plus contract and the regular inquiries into the costs actually incurred by chemist contractors, it is a fact of life, Mr Glasman (C&D November 5, p815) that as far as our remuneration goes, the egg does come before the chicken. Chemist contractors are indeed reimbursed for their actual costs, expenses etc, that are established from those inquiries.

So, in every case, the more we are seen and found to be expending on locums, the more we shall be reimbursed. Your Committee can only negotiate the negotiable. Obviously increases in remuneration which appear to be excessive will not be entertained by the DoH.

The shortage of pharmacist managers some two years ago at about the time of the new contract discussions was, in my opinion, the major cause of the substantial increase in managers' salaries at that time. This increase was then reflected in the rise of 18 per cent in the notional salary thereafter. This seems to prove my point.

In the West Midlands, due to the continuing shortage of pharmacist managers, hourly rates of £11.50 and £9.10 for locums are not uncommon. Some locum agencies appear to be able to obtain up to £110 per day. If this is the case I cannot see any reason why a locum tenens should not receive the same fee.

Hopefully, Mr Glasman, we pharmacists north of Watford, by having to pay realistic rates will be able to have our costs included in the next inquiry. Then we shall be able to obtain for pharmacists in the South-east a more realistic remuneration which can be passed on to your obviously underpaid locums.

David Thomas
Wolverhampton

FP10 jotters

I was amazed to read in the November 5 issue of *Chemist & Druggist* that the NPA Board had dismissed the idea of a re-designed FP10. Their suggestion that "doctors should be exhorted to abide by the generally accepted convention that no more than two items be written on each form" makes me think that someone somewhere is just a little out of touch with reality.

The current FP10 is designed

as a jotting pad and is used as such. With a little bit of effort a form could be devised which actually encouraged the prescriber to provide the information that we need, ie medication, form, strength, dose, and length of supply.

Please think again NPA — if you do not like the Society of FPCs' suggestion, then come up with an alternative, but please do not condemn the profession to a future which involves a scribbled note on a jotting pad to convey potentially life saving information from one profession to another.

Martin Bennett
Sheffield

'Chemists' all?

I was interested to read that Dr Michael Clark seeks to restrict the use of the title "Chemist" to qualified pharmacists.

He may stop us from calling ourselves chemists, perhaps, but never in a million years will he prevent the public from doing so. To them we've always been chemists, and I suspect, a hundred private members' Bills will make not one scrap of difference: Chemists we shall remain.

Steve Bullock
Alrewas

Prove the obvious

Your item on Maxepa (C&D, November 5, p783) illustrates perfectly the problems faced by manufacturers of licensed natural medicines. We all know that cod liver oil is useful in the prevention of heart disease. But in order to convince the DoH of the fact, a substance has to go through intensive clinical trials to prove its case. (I think the trials cost £500,000 in the case of Maxepa).

After all that money has been spent to get a licence, the medicine becomes Prescription Only — so a vast fortune has to be spent on promoting the medicine to doctors to ensure that they will prescribe it. The cost of the medicine, naturally has to go up to cover the cost of this exercise.

Then the *Drug & Therapeutics Bulletin* says that cod liver oil is just as effective at a fraction of the price!

Obviously brand new

synthetic drugs — unknown in nature — must undergo trials (the trials should in fact be more rigorous. But to enforce trials and testing for natural products with a long history of effectiveness is ludicrous.

Jan Brookes
Information & education officer
The Natural Medicines Society

NEWS

PL(PI) update

The following PL(PI)s have been published in the *London Gazette*.

Discount Pharmaceuticals

8223/0069	Indocid Retard 75mg	Indomethacin 75mg
8223/0030	Timoptol 0.25% eye drops	Timolol maleate 3.42mg equivalent to 2.5mg base

Dowelhurst Ltd

5662/0103	Opticrom eye drops	Sodium cromoglycate 20mg, disodium edetate 0.1mg, benzalkonium chloride 0.1mg
5662/0117	Tildiem	Diltiazem HCl 60mg

Martonland Ltd, trading as Martons Pharmaceuticals

5571/0141	Hrudoid gel	Organo heparinoid Luitpold 0.3% w/w. Pharmacy medicine for topical treatment of superficial thrombophlebitis, varicose veins and their concomitant symptoms, superficial soft tissue injuries
5571/0150	Lomotil	Diphenoxylate HCl 2.5mg, atropine sulphate 0.025mg

Pharmaceuticals International (UK) Ltd

5351/0077	Amoxil 125mg syrup	Amoxycillin trihydrate equivalent to amoxycillin 125mg
5351/0065	Moduretic tablet	Amiloride HCl anhydrous 5mg, hydrochlorothiazide 50mg

Swingward Ltd, trading as Spectrum Marketing

3787/0095	Septin paediatric suspension	Sulphamethoxazole 200mg, trimethoprim 40mg
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Whitworth Pharmaceuticals

4423/0007	Amoxil 500mg	Amoxycillin trihydrate equivalent to amoxycillin 500mg
4423/0164	Otosporin	Polymyxin B sulphate 10,000iu, neomycin sulphate 3,400iu, hydrocortisone 10mg



dermatological
washing cream

CLEANS AND SOFTENS DRY SKIN
SOAP FREE/NON-DRYING

Now there's an all-over wash for dry skin that's better all-round.

It's a problem when dry skin sufferers ask you to recommend a washing regime. Even specialist soaps, detergent bars and cleansers can cause drying and irritation.

But you can confidently recommend new Wash E45. It is totally free from detergent, soap or perfume. Wash E45 offers the convenience of washing with water, without the drying effects of soaps or detergent bars.

Also it is more acceptable and easier to use than Aqueous Cream or Emulsifying Ointment.

A perfect companion product, in fact, to Cream E45.



EFFECTIVE CARE FOR
DRY SKIN CONDITIONS



Dietary supplements — the way to a healthy future

The dietary supplements market, now valued at over £108m, is one which pharmacists cannot afford to ignore. One where their authority and integrity can be translated into professional advice and where this promise of guaranteed customer care can attract trade into the pharmacy.

Since the publication of the "Black List" in 1985, the real opportunities now lie in those markets which offer high margins, but which also emphasise the pharmacist's unique role in the High Street. Dietary supplements provide an excellent example of an expanding OTC market which meets these criteria and also allows pharmacists to benefit from the trend towards one-stop shopping.

Market peak

Market research undertaken by Healthcrafts reveals that the market has grown by 18 per cent in the last year to £108m. This compares favourably with the market for everyday commodities such as toothpaste (£107m) and hair conditioner (£53m).

The leading manufacturer of dietary supplements is Booker Nutritional Products (BNP), commanding a 19 per cent share of the total market. BNP's portfolio of brands encompasses the most extensive range of supplements available, among them

Healthcrafts (with a range of over 120 products), the long-respected Heath and Heather (herbal remedies) and Potters Catarrh Pastilles. Other brands are Ladycare (for use during the three main stages in a woman's life), Superted (a delicious orange-

flavoured chewable teddy-bear shaped vitamin tablet), American Nutrition and Seaton.

Seven Seas currently hold 18 per cent of the total market, followed by Fisons who claim a 17 per cent stake. Within the single vitamin sector Healthcrafts lead the way with a 21 per cent share, Roche hold 16 per cent, Boots 13 per cent and Seven Seas have a 12 per cent stake.

Today's consumer is faced with a wide array of brands and products. Prompted by high investment in advertising and promotional support by the major manufacturers, awareness of the role for supplementation has increased dramatically in recent years.

But who needs supplements? Which brands are best? And which products should be recommended? For the answers to many of these common questions, consumers automatically look to their local pharmacist for explanation and assistance.

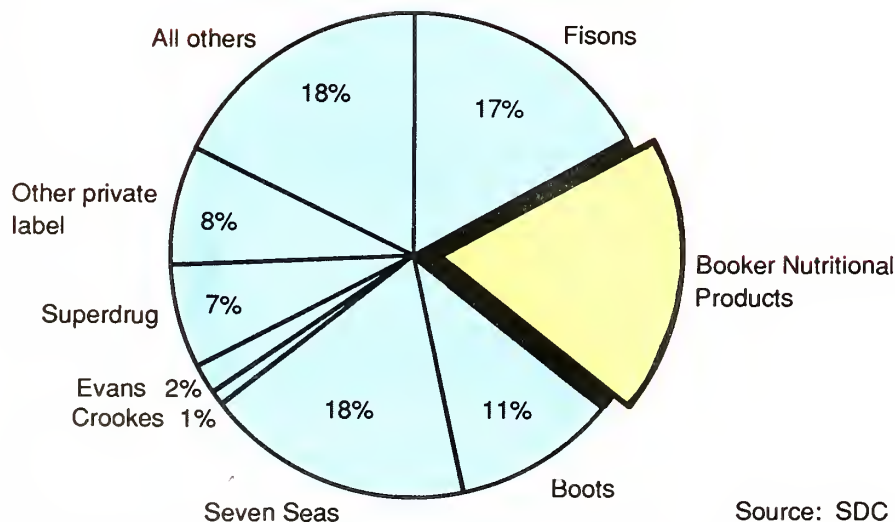
Although a well balanced diet provides all the nutrients needed for good health, many people cannot claim a perfect food intake. They may rely too heavily on over-processed foods, diet unwisely, or skip meals altogether. Such people may need extra vitamins or minerals. Smokers and heavy drinkers of alcohol often like to supplement their diets.

The Healthcrafts range is packaged in colourful boxes which have good visual impact and are suitable for block merchandising



THE DIETARY SUPPLEMENTS MARKET

COMPANY SHARES - Y/E JUNE 1988



Stock in trade?

With the pharmacist firmly in mind, Healthcrafts have developed a popular range of supplements for first time stockists. It comprises the Healthcrafts best sellers — multivitamins, cod liver oil, vitamin B complex, vitamin B₆, brewer's yeast, vitamin C, vitamin E, lecithin, kelp and iron.

This range is ideal for an initial stock as it includes those supplements which are widely understood and most in demand. However it is the specialised supplements and higher potency varieties which lend themselves particularly to the expertise of the pharmacist. Market trends indicate that people purchasing vitamins for the first time usually opt for a low potency. Regular users are more likely to choose the higher potency varieties. And it is this latter group who are likely to buy their supplements from a pharmacist or specialist outlet where they can expect professional advice.

It is by stocking the higher potency

supplements and single vitamins alongside the popular range that pharmacists will compete in an increasingly aggressive market place.

As a general guideline low potency supplements should be taken as an insurance policy. Medium potency products are intended to offset dietary deficiencies induced by "lifestyle". High potency vitamins could be recommended by the pharmacist for certain therapeutic purposes.

Merchandising — how to dispel confusion

Booker Nutritional Products' policy is to invest heavily in promotional support for pharmacists. One important element of this strategy is to promote on-pack.

Chris Taylor, sales manager for BNP comments: "Unlike many other manufacturers, we invest in regular on-pack offers to attract new customers. We are currently running a "Buy one get one free" offer on our popular Healthcrafts 100g Royal Jelly. This rides on the back of a successful vitamin C promotion which offered money off Healthcrafts vitamin C packs. Our research indicates that promotions are invaluable in encouraging trial and converting experimenters into regular users."

To aid merchandising on shelf, BNP can supply stockists with a display stand which holds six products. Chris Taylor continues: "Many people realise that they need a supplement but are baffled by the wide choice available! We aim to communicate this choice clearly. So the Healthcrafts range is packaged in colourful boxes which have good visual impact and are suitable for block merchandising"

Ladycare, a unique range of supplements for women, has a similar on-shelf impact. This range is for use during each of the three main stages in a woman's life. It has strong presence on the shelf as the packaging clearly communicates at which stage of a woman's life each supplement is most suitable.

Healthy profits

Behind BNP's brands is the largest salesforce selling supplements in this country. This salesforce is highly trained in the uses and action of dietary supplements and receives regular advice on the latest clinical developments from Dr Len Mervyn, clinical biochemist at Healthcrafts and author of "Thorsons Complete Guide to Vitamins and Minerals". To support retailers, these sales representatives are available to check stock, advise on pricing, fixtures and point-of-sale.

The salesforce is also well informed about market trends and is able to advise retailers on the most profitable product lines as well as keeping them up to date on the latest investment in advertising, PR and promotions. All BNP's brands carry high profit margins of at least 33 per cent.

Supplementary benefits

It is now widely accepted that many people do not have diets or lifestyles which supply a perfect balance of essential nutrients. SDC data shows that 18 per cent of adults have taken vitamins during the last six months. This equates to an average of 173 tablets per person over this period!

A sensible solution for people who are aware of nutritional deficiency, but unsure which products to take, is a daily multivitamin. Healthcrafts multivitamin, multimineral twin pack supplies all the recommended daily amounts of vitamins and minerals as specified by the DoH.

When recommending supplements to customers, it is helpful to remember that certain groups of people are likely to have similar needs. Broadly these categories are as follows:

The elderly People who are living alone and cooking for one are less likely to eat balanced meals. This can mean an over-dependence on refined, processed and convenience foods. Additionally, many elderly people may not realise that by economising on food they are also economising on essential nutrients! Eating difficulties, loneliness, lack of exercise and forgetfulness can also aggravate the situation.

The following are likely to be of particular benefit to the elderly: *Calcium* — Sufficiency of this mineral is required to help maintain healthy bones. *Vitamin C* — Helps maintain the immune defence system, particularly important in later life. *Iron* — Required for haemoglobin; vitamin E — absorption of vitamin E is reduced in later life.

Women Throughout a woman's life, her nutritional needs change in response to fluctuating hormone levels. Ladycare is aimed at women of post menopausal, menopausal and menstrual age.

Children Since children are notoriously fond of sweets, crisps and junk food, rather than wholesome meals, supplementation could be seriously considered! BNP recommend Superted, containing vitamins A, C and D for four to twelve year old children. Schooldays, with a wider range of nutrients, is suggested for six to sixteen year old children.

Vegetarians Vegans benefit from a daily supplement of vitamin B₁₂ which their diets are likely to be lacking.



"Quality control is our priority"

Dr Len Mervyn is convinced of the value of supplements in keeping people healthy: "It is now widely accepted that nutrition plays an important role in maintaining good health. In my experience as a clinical biochemist, I have seen many minor illnesses cured by correct nutrition. People are often reluctant to consult their GPs about minor complaints, so pharmacists clearly have a responsibility to educate people about the role of diet and supplements in encouraging good health".

The strategy for future growth

To sell supplements successfully, pharmacists need to be aware of future growth areas. As evidence generated by clinical trials accumulates, certain supplements step into the limelight boosted by extensive media coverage.

Examples of supplements which are currently growing in popularity are:

Royal Jelly The most nutritious product of the bee-hive.

Zinc An essential constituent of over 70 enzymes in the body.

Prolonged release nutrition tablets These tablets were developed by BNP. They release nutrients gradually into the blood stream over a 12 hour period to ensure a steady supply of essential vitamins and minerals.

Quality control

BNP's products are produced to exacting standards: Denis Bowley, managing director of Booker Nutritional Products comments: "Quality control is our priority. Since many of our products have Department of Health licences, our factories adhere to the pharmaceutical standards of GMP. The latest instrumental techniques are applied to the assay of ingredients and finished products. Over the years we have been manufacturing supplements, we have developed expertise which is second to none."

Independent research conducted by Healthcrafts in 1987 reveals a fascinating psychology behind supplementation. Certain supplements are widely tried and trusted — vitamin C, multivitamins and iron are good examples. Their various uses are understood and they are taken with confidence!

The same market research shows that there is a widespread hunger for trustworthy information. This points to a clear role for pharmacists — the most trusted of retailers.

The 1980s have seen people assume greater responsibility for their own health.

Medical research increasingly identifies natural alternatives for relief of the symptoms of many of today's illnesses. Natural remedies are also prized for their absence of adverse side effects.

In conclusion, BNP is at the forefront of this fast expanding market, offering the most extensive range of dietary supplements available in the UK.

BNP is committed to being market leader in dietary supplements, not only by brand share, but also by innovation, new product development and support for the retailer.

For further information about BNP brands please write to Tessa Blinkhorn at Biss Lancaster plc, 180 Wardour Street, London W1V 3AA.



GUESS WHO'S ALWAYS BEEN OZONE-FRIENDLY ...(and now making it more of a feature)

Radian-B Spray has never used the CFC (Chlorofluorocarbon) propellants which damage the earth's protective ozone layer

- From November to late December a new, heavyweight national press and PR campaign will be selling the 'ozone-friendly' story – and more Radian-B.
- All Radian-B Sprays will be labelled 'ozone-friendly,' with new point-of-sale including shelf-strips to support our topical message.
- Current environmental concern makes 'ozone-friendly' one more reason for your customers to choose Radian-B.

PLUS

- Full range support in the new year featuring more TV – building on the proven success of our regional summer burst – even more national press, POS and PR.

Stock up now – before Radian-B support radiates sales too hot to handle



Radian-B

RADIATES RELIEF

Call our Customer Liaison
now on 0509 611001
bonus terms

COUNTERPOINTS

Pil-Food goes national

Lake Pharmaceuticals are launching Pil-Food following test marketing in the Greater London area.

Ingredients include amino acids, B group vitamins and millet extract (100 capsules £19.68). The initial dose is two capsules three times daily for one to two weeks, and then one capsule three times a day.

Advertising in the women's and national Press is currently under way. Pil-Food is also available by mail order. *Lake Pharmaceuticals Ltd. Tel: 01-997 8247.*

The Jet Set

Philips campaign for their Jet Set range of cordless stylers will be given an extra boost in the December issue of *Cosmopolitan*, which will feature the new advertisement and an insert offering free Rimmel cosmetics with every Jet Set purchased before December 31.

The insert is based on Philips' "2 into 1 will go" leaflet, which refers to the product's refuelling system which takes refillable and disposable cartridges.

The Rimmel cosmetics being offered include an eye liner pencil, a mascara, eye shadow colours and a lipstick. *Philips Home Appliances. Tel: 01-689 2166.*

Wet and dry

The Wahl Wet n' Dry shaver is now available from Wahl Europe following a launch in America.

The shaver (£22.95) is battery operated and can be used as a conventional dry shaver or in the bath and shower, say Wahl.

The Lady Wahl has dual heads with precision blades for trimming longer hair and a smooth foil head for closer shaves, they say.

The packaging is designed to convey the wet and dry function and the shaver comes complete with travel pouch, cleaning brush, head guard and batteries. *Wahl Europe Ltd. Tel: 0227 740066.*

Lady Jayne gets a new softer look

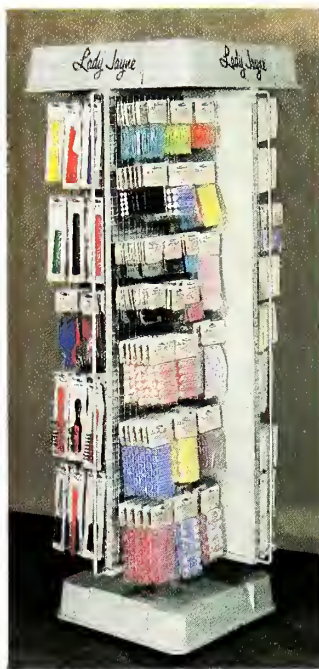
Laughton Sons have updated their Lady Jayne range of hair accessories with modern, pastel packaging, new stands, and at least 38 new products for 1989.

The company says it will have invested £2.5m by the end of 1989 in the changed image which includes packaging in white, pale pink and darker pink, retaining the traditional Lady Jayne logo.

Pegboard stands have been discarded in favour of a new grid and hook system which is more modern looking, say Laughtons. New header cards have been added, together with strengthened vacuum formings and extra panels so that the hooks are less obtrusive. The company has also increased board thickness by 33.5 per cent and introduced PVC coated cards so that the products will hang straighter.

In 1989 the company will be researching into extending its Miss Jayne junior range, to cover what they see as a gap in the 4-12 age range of the hair accessory market. It will also be looking at the possibility of an upmarket follow-on to Lady Jayne and also a range of boxed hairbrushes.

New Lady Jayne products to be introduced after March 1989 (all prices suggested only) include a side comb with clamp top (£1.29); hairbrushes with three tone handles in rotary, vent and styling varieties (£1.99, £1.79 and £1.99 respectively); an elasticated soft loop in twelve colours (£0.39); a lacy pony tail (£0.99); a slim radial brush in lilac, lemon, mint and dusty pink at £1.49; a slim radial vented brush in lilac, lemon, pink and mint (£1.99); an antistatic brush (£2.69); a shampoo brush (£0.99); a rotary brush with a floral handle (£1.49); a pumpbrush with vent handle (£1.49); Paisley bar slide (£1.29); a pearl and crystal beaded wrapslide (£1.49); a butterfly with filigree wings (£0.59); a fabric flower curl clip (£0.79) and packs of six brushes which will be sold loose (£2.99 each). Laughtons will also introduce a thick and thin knotted cord slide (£1.49); a soft



triple loop pony taylor (£0.79); a polka dot bar slide with circular buckle (£1.49); a big bar slide with three fabric buttons (£1.49); and a Cherie slide (£0.69 per pair).

New items for the Miss Jayne range include a long patterned elastic pony tail in twelve colours (£0.49); a soft loop pony tail with decoration in red, yellow, purple and green (£0.69); a soft loop pony taylor with giraffe (£0.89); a curl clip decorated with a guitar (£0.69); musical notes on clips at around £0.59; Miss Pony clips at £0.49 each; sleepy clips in a flower design (£0.59); cute cats pony tailers (£0.89); soft loop ponytailers with bows and baby bears (£0.89) and a box of four dozen loop pony tailers with letters and animals (£0.39 each); gloss slides decorated with trains, cars and aeroplanes (£0.89); linked triple animal hairslides (£0.99 each) and "three bears on bikes" hairslides (£0.99 each); small soft loop pony tailers with heart and lace (£0.79) and soft loop with bow (£0.79). *Laughton & Sons Ltd Tel: 021-474 5201*

Louis Marcel get 'touchy'

Nicholas Laboratories have introduced two new Louis Marcel colours to add to their range of Quick Touch press on nails.

The new shades are russet red and pink fizz (£2.25). Each contains 20 nails, plus 40 adhesive tabs. *Nicholas Laboratories Ltd. Tel: 0753 23971*

Sunny Almay

A sun protection range for skiers is now available from Almay.

As with the all-over sun care range, the ski range is hypo-allergenic and fragrance free. There is ski protection for lips SPF 15 (20ml, £2.45), total block SPF 15 (50ml, £3.95), ski protection plus SPF 6 (50ml, £4.50), and apres ski soother (50ml, £4.50).

Additional moisturisers help protect skin exposed to harsh weather and the lanolin-free products come in easy-to-carry sizes and resilient tubes.

A POS display unit contains six of each product plus leaflets with an entry form for a competition to win seven days in St Lucia. The header card features Julia Snell, British Ladies free style ski champion, currently competing for the World Cup and sponsored by Almay. *Almay (London, New York). Tel: 0753 23971.*



Bic of exposure

Bic say they have extended their national television campaign for their four variant range of French perfumes to include December and the run-up to Christmas. The company claims sales are running at 35,000 units a week. *Biro Bic Ltd. Tel: 01-965 4060.*

Yardley spend £5m

Yardley say they are spending over £5m on national television advertising in the period to Christmas. The commercials will be featuring new Pink Lace, Lavender and Rosemary, Lavender and Thyme and Petunia, alongside established brands like Lace, White Satin and Gold. *Yardley of London Ltd. Tel: 0268 22711.*

Almay make eyes

Almay are introducing two colour collections for Christmas called Making Eyes.

Two colour boxes (£5.95 each) will be available in ritzy pinks and dazzling blues. Each box contains one water resistant mascara plus two Gentle Colour eye pencils. Each of the textured pencils has a split colour lead which Almay say is ideal for blending and toning.

They are packaged in a clear triangular carton and feature a seasonal shooting star.

Making Eyes will have promotional support material, in the form of a showcard. *Almay (London, New York) Tel: 0753 23971.*

Nutrasweet

Nutrasweet Co launched Nutrasweet granular to the food industry this week.

Nutrasweet granular particles are about 10 times larger than the powder particles, resulting in a product that flows better, disperses more easily and is significantly less dusty, says the company. *Nutrasweet Information Centre. Tel 01-636 9068.*



Playing safe with Durex

LRC are launching a new Durex Safe Play condom which they say puts the "emphasis on healthy, reliable fun for today's style conscious youth."

Safe Play will come in red and black packs in both natural and ribbed varieties, and will be available in pack sizes of 3s and 12s. Both products are lubricated with the spermicide nonoxynol-9. The three pack ribbed will cost

£0.70, and the natural £0.60; the twelve pack ribbed will cost £2.67, and the natural £2.29.

LRC say that as condoms become more acceptable, purchasers are becoming more discerning in their selection of condom brands and are looking for a choice of condoms to match their different needs and moods. *LRC Products. Tel: 01-527 2377.*



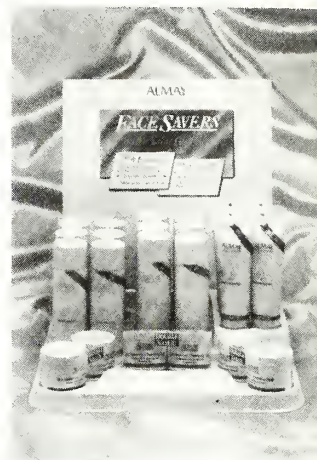
Carmen shaving duo

Pifco Salton have introduced a Carmen Lady Shave twin powered shaver to match their Carmen Man Clean Shave.

Pifco say that the Lady Shaver (£9.95) combines the closeness of a wet shave with the comfort of an electric one, reducing the risks of

nicks and cuts with the vibrating action of its twin blades.

Carmen's battery operated Lady Shave is recommended for wet or dry use and is styled in white and pink branding with shell packaging. *Pifco Salton. Tel: 061 681 8321.*



Almay's winter offers

During January, Almay will be offering extra value sizes of their range of hypoallergenic cleansers.

A 150ml tube of fluffy facial cleanser will be available for the same price as the standard 120ml, at £4.10; a 250ml bottle of Ultra Light cleansing lotion will be available at the same price as the standard 200ml, at £4.85; a 250ml bottle of effective cleansing milk will be available at the same price as the standard 200ml at £4.55; and two jars of make up remover pads will be available for the special price of one at £2.99.

All cleansers will feature a flash label while jars of eye make up remover pads will be banded. A special merchandise unit will hold six of each of the product and will carry a header card with details of this special promotion. *Almay (London, New York). Tel: 0752 23971.*

Optique go for purity

Cosmetics Optique are now selling their new presentations in all white packaging with a "pure beauty" theme.

There are three new shades of cream eye shadow in mink, lavender and jade and two new eye crayons in plum and silver.

The new display tray is in grey and new leaflets are available showing both the displays and the shade charts. *Cosmetics Optique. Tel: 0494 436561.*

Ellimans Embrocation: the Ellimans 70ml and 110ml sizes are being discontinued and replaced with a new 100ml bottle (£1.35). *Beecham Healthcare. Tel: 01-560 5151.*

Discover Today if...



Carter Wallace are launching a pregnancy test which they say can be used on the first day of a missed period, on a urine sample collected at any time, and gives a positive result in one minute.

Discover Today uses gold sol particle immunoassay (SPIA) technique to detect the pregnancy hormone human chorionic gonadotrophin (hCG). Carter-Wallace say the test has a sensitivity of 25iu/L hCG.

The test is carried out by transferring urine into a reagent tube which contains dispersed gold sol particles coated with monoclonal antibodies to hCG coloured purple. A colour key is inserted on which there are two circular reaction zones coated with an hCG antibody.

The urine/reagent mixture is absorbed onto the key by capillary

action and the reaction zone will turn pink/purple if hCG is present.

The top circle (control zone) does not change colour and can be used to compare colours. If both remain colourless then the result is negative.

A positive result can be obtained within one minute but the result can be read up to six hours later if left undisturbed.

For a negative result to be confirmed, three minutes must have elapsed with both zones colourless.

Each pack contains two tests and the RRP is £8.50. The launch will be supported with POS material which includes counter cards and information leaflets.

National women's Press advertising will begin in January say, Carter Wallace Ltd. Tel: 0303 850661.

Dr White's upgraded

Smith & Nephew Consumer Products — manufacturers of Dr White's press-on towels — are upgrading their "medium" absorbency product.

A fleeced layer is to be added to the towels, which will provide extra absorbency. Research shows that users of premium press-on towels want a product which offers greater absorbency and reliability, say Smith & Nephew.

The medium packs will be flashed "now ultra soft" to inform users of the improved product. The price remains unchanged. Smith & Nephew Consumer Products Ltd. Tel: 021 327 4750.

All-Rite for Xmas

Welfare Foods are making Rite-Diet diabetic Christmas cake available nationwide through pharmaceutical wholesalers this year.

The company says the cake is based on a rich, moist recipe with lots of fruit, nuts and spices and that it meets the British Diabetic Association's dietary guidelines.

The cake weighs 544g and the RRP is £2.80 (£12.60 for six trade). Full nutritional details are listed on cans.

The cake will be advertised in the December issue of the BDA's *Balance* magazine. Welfare Foods (Stockport) Ltd. Tel: 0625 877387.

Kodak's facts of life

Kodak have produced "The facts in black and white", a handy reference guide which contains information on the range of general purpose black and white films, papers and chemicals from Kodak.

Also included are details of films and papers used in the more specialist areas of black and white photography, and information on Kodak developers and fixers with recommendations for their handling and use.

The guide measures only 3in by 4.5in and the laminated surface makes it very durable, say Kodak. The cards can also be updated to include new products developments on Kodak black and white products by using a special screw device.

The book is priced at £1 including postage and packaging, from Kodak Ltd. Tel: 0442 61122.

Two of the new point of sale displays for Pentax zoom 70s and the range of coloured miniature binoculars. There is also a stand for the Minizoom 60 compact camera. Details from Pentax (UK) Ltd. Tel: 01 864 4422.

Beecham back Eno and Resolve

Beecham Health Care are mounting a major Winter campaign behind Resolve and Eno with a window display.

Beechams are also relaunching an £800,000 campaign behind Resolve with their 30-second "human condition" TV commercial which will be on air nationally from the beginning of December.

Beecham say that the hangover market is worth some £13m at RSP and has proved to be one of the fastest growing market sectors. Beecham Health Care. Tel: 01-560 5151.

All change

Fine fragrances & cosmetics have been appointed exclusive distributors of Caron & Revillon Fragrances and have set up a special division to handle the distribution. The sales force will contact all stockists in due course. Further information: Michelle Ionadi. Tel: 01-979 8156.

May the Force be with you.



Panasonic Industrial UK (a division of Panasonic UK Ltd),
280-290 Bath Road, Slough, Berks SL1 6JG Telephone. 0753 73181

Who's laying the foundations for continued growth?

COUNTERPOINTS

Wisdom's three bright toothbrushes



Addis are launching three Wisdom toothbrushes in fluorescent, metallic and transparent shades which, they say, will combine cleaning efficiency with modern styling.

The fluorescent collection comes in bright acid orange, yellow or green; the transparents come in pastel pink, green or yellow, and the metallics come in

blue, burgundy and green. Each brush has a recommended retail price of £1.49 and is packaged in a reusable plastic case.

The new IQ range will be available in three dozen merchandisers with bright graphics and will be supported by a £3m television advertising campaign throughout November. Addis Ltd. Tel: 0992 58422



Leo representative, Roger Newman, presenting Mr Shah of Anchor Pharmacy, Croydon with a British Telecom Inphone Freeway. It was awarded for the largest order placed for Stoppers lozenges taken at Chemex

Balsam bonus

Alberto Culver are supporting their Alberto Balsam shampoo and conditioner range during

November with a national on pack promotion.

The promotion packs are the first extra free bottles to be available containing an additional 50ml of product free, and will retail at the usual price for the standard 350ml size, say Alberto Culver. Tel: 0256 572222.

Over £5 Million Spend

FANTASTIC NATIONAL T.V. SPECTACULAR YARDLEY No. 1 FOR GIFT GIVING

Featuring these brands:

* White Satin

^{NEW} * Lavender & Rosemary * Roses

* Lace

^{NEW} * Lavender & Thyme * Lily of the Valley

^{NEW} * Pink Lace

* Gold

^{NEW} * Petunia

* English Lavender

* Classic Gold

* Sweet Pea

Remember to display all of your
exciting Yardley Christmas Collection
as our T.V. Bonanza starts this month.

Yardley of London Limited, 33 Old Bond Street, London W1X 4AP

Vantage extend their range

Vantage are introducing a number of new products from shampoos to manicure and pedicure products.

Vantage's new frequent use shampoo (250ml, £0.69) and conditioner (250ml, £0.73) have a delicate fragrance and are said to be suitable for all hair types.

They say that the shampoo is ideal for even a twice daily wash and comes in outers of twelve.

New manicure and pedicure products include a sapphire nail file 6in (£0.85) which comes in outers of 12; a 4in nail plier (£4.59) which comes in outers of six; a pedicure rasp (£1.10) which comes in outers of 12; and a nail clipper (£0.75) which comes in outers of 12; a 4.5 in stainless steel nail file (£0.69) which comes in outers of 12; a toenail clipper (£1.29) 12cm emery boards in 10 packs (£0.42) in outers of 12; 12cm long life emery boards in 10 packs (£0.49) in outers of 12; and 17cm emery boards in 10 packs (£0.59) in outers of 12.

New bath accessories include Vantage bath sponge (£0.55); a beauty sponge (£0.45); and baby sponge (£0.36) and are sold in outers of 12.

A pumice stone is sold in outers of six (£1.65) and a face cloth is available in a range of 12 colours at £0.89.

A scissors range includes 6in household scissors (£2.15); 5in household scissors (£1.49); manicure scissors with curved

plastic handles (£3.49); baby nail scissors (£0.89); hairdressing scissors (£4.99); 5in nurses scissors £2.40; toe nail scissors (£1.29); nail scissors stainless steel curved (£1.89); nail scissors stainless steel straight (£1.89) and cuticle scissors stainless steel straight (£1.89).

All are available in outers of six except household scissors which are available in outers of 12. *Vestric Ltd. 0928 717070.*



The Nuk Advisory Service has moved to:
PO Box 288,
West Byfleet,
Weybridge,
Surrey KT14 6HG.
Tel: 04862 21465

ON TV NEXT WEEK

GTV Grampian
B Border
C Central
CTV Channel Islands
LWT London Weekend
C4 Channel 4

U Ulster
G Granada
A Anglia
TSW South West
TTV Thames Television
TV-am Breakfast
Television

STV Scotland
(central)
Y Yorkshire
HTV Wales & West
TVS South
TT Tyne Tees

Alka Seltzer:	All areas
Andrex family tissues:	All areas
Benlyin:	All areas
Braun Independent 2000 haircurlers:	All areas
Braun male shavers 3000 series:	All areas
Colgate toothpaste:	All areas
Finesse:	All areas
Haliborange:	All areas
Insignia:	All areas
Lemsip:	All areas except C, TVS & A
Philips Philishave:	All areas
Senokot:	All areas
Simple skin care range:	All areas except LWT

Making headlines with Silvikrin

Beecham Toiletries have relaunched their Silvikrin Headlines anti-dandruff shampoo by introducing new packaging and a larger 150ml size.

The new size will be available in both greasy and normal/dry hair variants, and graphics have been designed to highlight the fact that the product contains a conditioning stripe, say Beecham.

The shampoo has a retail price of around £0.99 and launch packs all feature a 10p off next purchase coupon to encourage trial and repurchase.

The medicated sector of the market represents 30 per cent of the shampoo market with specialist anti-dandruff shampoo accounting for two thirds of sales. Medicated brands enjoy a higher



degree of brand loyalty, say Beecham. *Beecham Toiletries, Tel: 01-560 5151*

Biofresh goes national

Bio Fresh mouth spray and tablets have been launched nationally after successful test marketing in London, say Carter Wallace.

The mouth fresheners contain peppermint oil to deodorise and refresh, with a mild antiseptic cetyl pyridinium, to help reduce bacterial growth. Sorbitol is present as a sugar substitute. Carter Wallace say the mouthspray is a pump action non-

aerosol spray which delivers over 200 measured doses (15ml £1.75). The tablets come in a dispenser containing 50 (£1.20).

Packaging is in green and grey graphics on blister cards and display trays are available. For a limited period, introductory offer prices of £1.39 for the spray and £0.99 for the tablets are available. *Carter Wallace Ltd. Tel: 0303 850661.*

PRESCRIPTION SPECIALITIES

Gastrese LA from Robins

A.H. Robins have introduced Gastrese LA — a slow release formulation of metoclopramide.

The tablets are blue, circular and engraved "Ahr", and contain metoclopramide hydrochloride equivalent to 15mg of the anhydrous substance in a controlled release formulation.

Gastrese LA is indicated for relief of heartburn, gastritis and nausea and vomiting associated with other gastrointestinal disorders. It is also indicated, in migraine, for nausea, vomiting and gastric stasis when given with an oral analgesic since it improves gastric emptying and aids absorption.

The recommended dose for adults over 20 years is one tablet 12 hourly. Total daily dose should not normally exceed 0.5mg/kg and Gastrese should only be used where the total dose of metoclopramide required in 24 hours is 30mg.

The product is packed in blisters of 14 tablets (£1.75 trade). The legal category is POM and the Product licence is 0100/0100. *A.H. Robins Co Ltd. Tel: 0293 560161.*

BRIEFS

Becton Dickinson have introduced B-D Autolance (4.53) and Microfine lancets (100 £2.90, both prices trade). The lancets are prescribable on FP10 say, *Becton Dickinson UK Ltd. Tel: 0865 777722.*

Buscopan is to be available in an original pack of 56 tablets (£2.38 trade) and the 100 tablet pack will be discontinued. *Boehringer Ingelheim. Tel: 0344 424600.*

Hexopal comes in foil packs of 100 tablets (£19.57 trade), not 500 as stated last week. *Winthrop Laboratories Ltd. Tel: 0483 65599.*

Fresh stocks of Parfum Bic rushed in from France to meet rising sales.



Parfum Bic, the new and innovative range of four real French perfumes, is now selling out at the rate of 35,000 units per week.

That means women in their thousands (not to mention a good few men) are buying their perfumes once a month. Instead of once in a blue moon.

It's little wonder, then, that sales have already exceeded even pre-launch expectations and are showing every sign of climbing higher still.

Real Perfumes at a price only Bic could have made possible

A top quality French fragrance retailing at £1.85, Bic perfume has revolutionised buying habits. Ensuring Parfum Bic a regular place on weekly shopping lists throughout the country.



BIC Jour N°1 **BIC** Nuit N°1 **BIC** Homme N°1 **BIC** Sport N°1

French Perfumiers: A vital part in Bic's success

Each of the four fragrances is specially blended by a leading French perfume house to cater for a variety of popular consumer tastes. Bic Jour. Bic Nuit. Bic Sport. Bic Homme. With each fragrance eye-catchingly packaged for maximum in-store impact.

Featured in every High Street

Bic perfumes are now available in hundreds of independent chemists and High Street chain stores throughout the

UK. This has guaranteed the highest level of consumer trial as well as remarkable repeat sales figures.

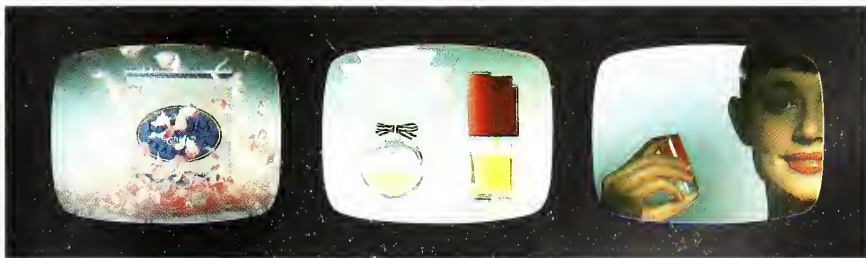
More money spent on TV Advertising

While the extension of Bic's £1 million national ITV network campaign to include December and the vital run-up to Christmas will generate an even stronger increase in demand.

A simple, imaginative idea, Bic perfumes have succeeded in creating a new, untapped market.

Making them the essence of success for you, too.

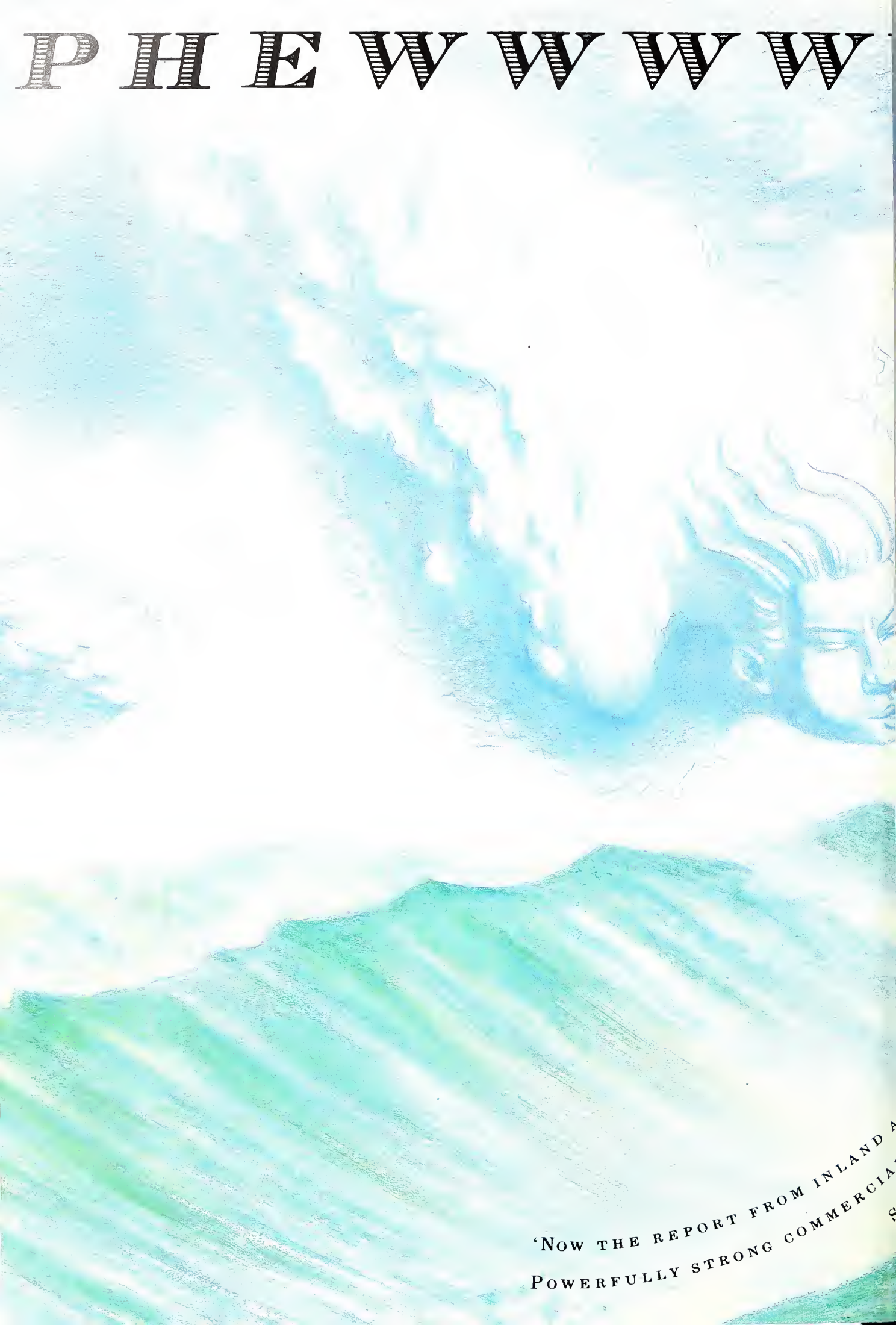
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INSOLUBLE FIBRE: plays an important role in preventing digestive disorders.

SOLUBLE FIBRE: has been shown to reduce blood cholesterol levels.

Unlike many other fibre sources Beta Fibre does not bind essential minerals and prevent their absorption into the blood stream. It is therefore suitable for those suffering mineral deficiency related conditions such as osteoporosis (brittle bones) and anaemia. Soluble fibres have also been shown to improve glucose tolerance and thus Beta Fibre is ideal for diabetics.

A **FREE** colour recipe leaflet is included in every pack, showing how Beta Fibre can be incorporated in your daily diet in many simple ways. Beta Fibre used in everyday cooking will effectively increase the dietary fibre intake necessary for a healthy diet.

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HOME HELPS



Over 6 million adults in Britain have some degree of disability according to the latest government statistics. This figure includes an increasing number of elderly people with infirmities caused by ageing. A wide range of gadgets is available to improve the standard of life for the less able, enhancing their independence at home and improving the quality of life in institutions. Many of the aids are supplied by social services but with mounting pressures on funds, more and more people are likely to purchase items themselves, especially smaller, less expensive tools. *C&D* looks at the problem, some suppliers of equipment and the ways in which pharmacists can help the disabled to help themselves.

In September, the Office of Population Censuses and Surveys, published a report on the prevalence of disability in Great Britain, that showed that 10 per cent of adults, have some degree of disability.

The survey included people in communal establishments, children and people with all types of disabilities, unlike the last national survey in 1969.

Disability was defined as: "a restriction or lack of ability to perform normal activities, which has resulted from the impairment of a structure or function of body or mind." A relatively low threshold was chosen to obtain information over a wide spectrum, the report says, and disabilities ranged in severity from very slight to very severe.

The commonest disabilities were locomotion disorders, usually resulting from some form of arthritis, followed by hearing and personal care disabilities. Many of the complaints therefore, are, associated with ageing.

The main results of the preliminary survey indicate that 6,202,000 adults in Britain have at least one disability and of these about 400,000 (7 per cent), live in a communal establishment.

Almost 14 per cent of all adults in private households have at least one disability, according to the survey.

The researchers attempted to construct an overall measure of disability which could be used to classify people with different numbers and types of disabilities. The severity of disability in 13 different areas was first established and then the three highest scores were combined, giving an overall score of disability from which one of 10 severity categories could be allowed. Areas of disability included: locomotion; reaching and stretching; dexterity; personal care; continence; communication; seeing; hearing and intellectual functioning.

The lowest severity category included over 1 million adults, almost all of whom live in private households, while some 200,000 were in the most severe category. Half of these lived in private households and half in communal establishments.

Overall, the rate of disability increased with age, slowly at first, and more rapidly after 50 years and very steeply after age 70 the report says. Almost 70 per cent were aged over 60 and nearly half were 70 or over. In

communal establishments, half of those disabled were aged 80 or over. And the very elderly predominate among the most severely disabled adults. Two-thirds of the adults in the two highest severity categories were aged 70 or over. In communal establishments just over half of those in the two highest categories were aged 80 or over.

The survey indicated that more women than men are disabled, partly because women live longer than men. However, among those aged 75 or over, the rate of disability which takes into account the differing numbers of men and women, is 63 per cent for women and 53 per cent for men.

The OPCS says that further reports will be published on children, financial and other aspects of the circumstances of the disabled.

Better living on firm foundations

The Disabled Living Foundation in London, is a resource and information centre dealing with non-medical aspects of "ordinary life which present particular problems to disabled people of any age."

The Foundation, the first of its kind in the UK, was set up in 1964 by Lady Hamilton, after she found it virtually impossible to obtain information on caring for a relative who had suffered a stroke.

DLF provides a number of services for the disabled and the professionals who care for them. Advice is available on clothing and footwear, incontinence, music and visual handicap, and there is a reference library on site. The information service provides telephone or postal responses to inquiries on non-medical aspects of disability.

Equipment centre

Last year there were more than 8,000 visitors to DLF's permanent exhibition of equipment. About one third of visitors were disabled people and the rest covered a spectrum of professionals ranging from social workers, home helps and occupational therapists to architects.

On display are over 2,000 products on permanent loan from manufacturers. Displays are divided into living areas around the house and exhibits include: bathboards and seats; grab rails; hoists; toilet aids and raised toilet seats; commodes; bedpans and urinals; eating and drinking aids; and wheelchairs. Listed below are a number of Disabled Living Centres around the country. They vary in size, content and services offered and it is wise to contact the centre concerned before visiting.

No products can be bought at the centre but details of manufacturers and suppliers are given.

Visitors are usually shown around by professionally qualified advisers and so appointments should be made beforehand. A charge is made for all visitors except the disabled or those accompanying someone who is disabled. The equipment centre also runs a programme of day courses aimed at

Zestril ▼
lisinopril ICI

Prescribing Notes.

Full prescribing information is available and should be consulted before prescribing.

USE:

Hypertension when standard therapy is ineffective or inappropriate. Congestive heart failure (adjunctive therapy).

PRESENTATION:

Tablets containing 2.5mg, 5mg, 10mg or 20mg lisinopril ('Zestril').

DOSAGE AND ADMINISTRATION:

Hypertension—initially 2.5mg daily. Maintenance usually 10-20mg once daily. Maximum is 40mg daily. Diuretic-treated patients—stop diuretic 2-3 days before starting 'Zestril'. Resume diuretic later if desired.

Congestive heart failure (adjunctive therapy)—initially 2.5mg daily in hospital under close medical supervision, increasing to 5-20mg once daily according to response.

Impaired renal function—may require a lower maintenance dose. 'Zestril' is dialysable.

Elderly patients—no change from standard recommendations.

CONTRAINDICATIONS:

Pregnancy—stop therapy if suspected. Hypersensitivity to 'Zestril'.

PRECAUTIONS:

Assessment of renal function is recommended.

Renal insufficiency; renovascular hypertension; surgery/anaesthesia.

Combination with antihypertensives may increase hypotensive effect.

Sometimes increased blood urea and creatinine and/or cases of renal insufficiency if given with diuretics.

Minimises thiazide-induced hypokalaemia and hyperuricaemia.

Potassium supplements or potassium-sparing diuretics not recommended.

Indomethacin may reduce hypotensive effect. Possible reduced response in black patients. Use with caution in breastfeeding mothers. Do not use in aortic stenosis or outflow tract obstruction or cor pulmonale.

SIDE EFFECTS:
Dizziness, headache, diarrhoea, fatigue, cough. Less frequently, nausea, rash, palpitation, chest pain and asthenia. Rarely angioneurotic oedema and other hypersensitivity reactions; renal failure, symptomatic hypotension (especially if volume-depleted); severe hypotension (more likely if severe heart failure).

PRODUCT LICENCE NUMBERS

AND BASIC NHS COSTS:
'Zestril' 2.5mg (29/0208) 28 tablets, £7.84. 5mg (29/0204) 28 tablets, £9.83. 10mg (29/0205) 28 tablets, £12.13. 20mg (29/0206) 28 tablets, £20.96. 'Zestril' is a trademark. Hospital prices available on request.

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'Zestril' is also an effective once daily treatment for congestive heart failure.

'Zestril' is available as 2.5, 5, 10 and 20mg tablets, presented in tubs of 60 tablets and in calendar packs containing 2 strips of 14 tablets.



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Further information is available from: ICI Pharmaceuticals (UK), Southbank, Alderley Park, Macclesfield, Cheshire SK10 4TF

professionals. Topics include use of equipment, design, management of specific disabilities and incontinence and its management. *Disabled Living Foundation*, 380/384 Harrow Road, London W9 2HU. Tel: 01-289 6111.

Disabled Living Centres Offering a Comprehensive Service

Disabled Living Centre, Prosthetic Orthotic & Aids Service, Musgrave Park Hospital, Stockman's Lane, Belfast BT9 7JB. Tel: 0232 669501.

Disabled Living Centre, 260 Broad Street, Birmingham B1 2HF. Tel: 021 643 0980.

Resources (Aids & Equipment) Centre, Wales Council For the Disabled, Caerbragdy Industrial Estate, Bedwas Road, Caerphilly, Mid Glamorgan CF8 3SL. Tel: 0222 887325 or 887326/7.

The Demonstration Aids Centre, The Lodge, Rookwood Hospital, Llandaff, Cardiff, South Glamorgan. Tel: 0222 566281 X5166.

Disabled Living Centre, Astley Ainslie Hospital, Grange Loan, Edinburgh EH9 2HL. Tel: 031 447 6271 X 5635.

The William Merritt Disabled Living Centre, St Mary's Hospital, Greenhill Rd, Leeds LS12 3QE. Tel: 0532 793140.

TRAIDS, (Trent Region Aids, Information & Demonstration Service), 76 Clarendon Park Road, Leicester LE2 3AD. 0533 700747 or 7008748.

Merseyside Centre for Independent Living, Youens Way, East Prescott Road, Liverpool L4. Tel: 051 228 9221.

Disabled Living Services, Disabled Living Centre, Redbank House, 4 St Chad's Street, Cheetham, Manchester M8 8QA. Tel: 061 832 3678.

Newcastle upon Tyne Council for the Disabled, The Dene Castle, Castles Farm Road, Newcastle upon Tyne NE3 1PH. Tel: 091 2840480.

Nottingham Resource Centre for the Disabled, Lenton Business Centre, Lenton Boulevard, Nottingham NG7 2BY. Tel: 0602 420391.

Sheffield Independent Living Centre, 108 The

Moor, Sheffield S1 4DP. Tel: 0742 737025.

Southampton Aid & Equipment Centre, Southampton General Hospital, Tremona Road, Southampton SO9 4XY. Tel: 0703 777222 X 3414 or 3233.

Disabled Living Centre, Stockport Area Health Authority, St Thomas's Hospital, Shawheath, Stockport. Tel: 061 419 4476.

The Swindon Centre for Disabled Living, The Hawthorn Centre, Cricklade Road, Swindon, Wilts SN2 1AF. Tel: 0793 643966.

Disabled Living Centres offering a limited service

Dial and Smile (South Corridor) Stoke Mandeville Hospital, Mandeville Road, Aylesbury, Bucks. HP21 8AL. Tel: 0296 84111 X 3114.

Disabled Living Centre, 8 Queen Street, Blackpool, Lancs. Tel: 0253 21084 X 1 or 4.

Independent Living Advice Centre, Black Notley Hospital, Braintree, Essex. Tel: 0376 21068.

Disabled Living Centre, O.T. Dept., Colchester General Hospital, Colchester. Tel: 0206 853535.

Dudley Disabled Living Centre, 1 St Giles Street, Natherton, Dudley. Tel: 0384 55433.

Disabled Living Centre, Kirklees Social Services, Unit 6, Silvercourt Trading Est., Silver Street, Huddersfield, West Yorks. Tel: 0484 5118809.

Disabled Living Centre, Raigmore Hospital, Inverness, IV2 2UJ. Tel: 0463 234151.

Centre for Disabled Living, Macclesfield District General Hospital, Macclesfield, Cheshire SK10 3BL. Tel: 0625 21000 X 2759.

Dept of Rehabilitation, Middlesbrough General Hospital, Ayresome Green Lane, Middlesbrough, Cleveland TS5 5AZ. Tel: 0642 813133.

The Independent Living Centre, (The Arts Centre), Brampton Park, Newcastle Under Lyme, Staffs. ST5 0QP. Tel: 0782 634949.

Disability Centre for Independent Living, Community Services Centre, Queen Street, Paisley. Tel: 041 887 0597.

Disabled Living Centre, Prince Albert Road, Eastney, Portsmouth PO4 9HR. Tel: 0705 737174.

Disabled Living Association Centre, St John's Road, Manselton, Swansea, SA5 8PC. Tel: 0792 580161.

Ways & Means "to easier living"

Nottingham Rehab, this year set up Ways & Means, a retailing division operating through direct mail order as well as High Street outlets including the company's own shop in Mansfield.

"Chemists are vitally important centres for the elderly and disabled," says marketing projects manager Andrew Durbin. "Some 18 per cent of the population is over 65 and a further 8 per cent over 75 years old. And 54 per cent of both groups visit their chemist regularly."

Mr Durbin believes that the British market for aids is well developed because of the National Health Service, although it is an area which has always been misunderstood. "Now there is a lack of money in the NHS, retailers are filling the gap," he says.

The Ways & Means catalogue contains a selection of some 400 products from the range of 10,000 in the Nottingham Rehab annual catalogue.

Mr Durbin calls it a "bespoke range for retailers" and says special display stands are available. As space is often not available he suggests that pharmacists keep a stock of catalogues for customers to select items. Margins of around 30 per cent are offered for retailers. Products are supplied direct and if unsuitable can be returned within ten days.

Earlier this year, Nottingham Rehab joined forces with Brunel University to "further the production of tools necessary for independent living." Under the direction of Professor Heinz Wolff, head of the Brunel Institute for

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AIDS FOR THE DISABLED

Bioengineering, a number of "tools for living" have been designed.

One of the new products included in the catalogue is a plug tidy for people who have difficulty in bending. Electric sockets are fitted at waist height, and a rack is available for plugs not in use. The tidy is attached to the wall by self-adhesive strips.

And there is a plastic spreadboard that fits on to the edge of a table and helps one-handed people spread bread, toast, crackers and other foods. Other new products include an updated Quantum hand reacher and the Atoform range of non-slip materials to keep plates, etc steady. *Nottingham Rehab. Tel: 0602 234251.*

Keep Able "make life easier"

Keep Able is another company providing products for the elderly and less able through mail order, that is targetting pharmacies. The company was set up three months ago and offers a selection of around 400 items in its 64-page catalogue that can "make life easier".

Managing director, Mr Stan Chesser, says they are researching ways of helping chemists who have limited space to provide a service to their customers.

"We will shortly be introducing a lectern with plastic sheets holding the catalogue pages that chemists can have on display." Order forms will be on hand and customers can order goods which will be despatched directly to their homes with the chemist getting a commission of around 20 per cent, says Mr

Chesser. They are also happy to discuss terms with pharmacists who wish to stock a range of products.

Keep Able also plan to open a centre in London in January, where all the products will be on sale. And professional advisers, including a chiropodist and continence adviser, will be available for consultation.

The Keep Able catalogue is fully illustrated and is divided into nine sections including aids for the kitchen, for dining, for the bedroom, for the toilet and to improve mobility. It is packed with handy hints, for instance: "Avoid painful fingers by using the right cutlery, ... a bigger grip is kind on painful fingers" and "walking sticks, use the stick on the correct side, ... ie the one opposite your weaker leg".

Mr Chesser believes that the greatest demand for the products and services of Keep Able will come from the very elderly. "The rate of growth of the very elderly as a percentage of the population, is accelerating as medicine and motivation keep people alive longer, even if they are not necessarily able."

Mr Chesser shares the view that the growing numbers will lead to the rise of the "glad to be grey" movement. And the new brigade will no longer wish to camouflage the effects of time but will be seeking positively — and with no lack of pride — to overcome them.

"At present, the major purchaser of products for elderly people is the social services, and the ways the elderly are serviced is continually being reviewed and will definitely change... the direction will certainly be towards decentralisation and perhaps privatisation," says Mr Chesser.

On the question of ability of customers to pay, Mr Chesser says that it is a misconception that the old are poor; on



A range of products from the Keep Able catalogue

average they are increasingly better off.

Mr Chesser also envisages that many purchases for the elderly, will be made by their children, especially since the products will usually preserve for longer independence of parents in their own homes. *Keep Able. Tel: 0933 679426.*

Medeci Rehab

Medeci Rehab was set up this year to manufacture products for the disabled. An offshoot of Medeci Developments Ltd, the design company owned by St Bartholomews Hospital Medical College, the company aims to "harness modern technology to manufacture well designed products at affordable prices."

Mr Phillip Davies, marketing director of Medeci, advises pharmacists to think carefully



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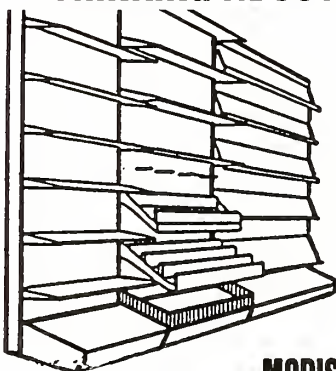
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about the level of disability they are going to aim at. "It's no use trying to compete with the health service that gives the products free. However, there are a large number of people who are not severely disabled that may not be receiving any help from social services," says Mr Davies.

The new products from Medeci employ plastic technology and are designed in the research unit at Worley Hospital in Brentwood in conjunction with therapists and disabled people and are available through mail order from a price list and illustrated bulletin. Terms for pharmacists are a minimum of 30 per cent profit on return, with carriage paid on orders under £100.

Products produced so far include, a drinking aid that can be tailored to individual needs. Called the Medeci system cup, it comprises cup, handles, spouted top and anti-spill top in separate units. Made in scratch resistant polycarbonate, the range of colours include ivory, red, blue and yellow.

Medeci also have a plate in matching colours and a range of cutlery designed for varying impairments of grip. The cutlery is available with three types of handle: lightweight made from foamed plastics; foamgrip, made from foamed flexible plastics and hardwood, made from close grain tropical woods.

There is also a raised toilet seat with a new design which features brackets made from plastic rather than metal. And a bathboard and bathset made entirely of plastic have been produced. *Medeci Rehab Ltd. Tel: 0277 212637.*

Health & Comfort

The Queen sent out around 200 letters a year to people celebrating their 100th birthday in 1952, says Mr Brian Holden, managing director of Health & Comfort. There are now over 1,700 centenarians, he says.

This vast growth in centenarians is the tip of the longevity iceberg, Mr Holden believes: "Better nutrition, improved housing and great leaps forward in medical and pharmaceutical sciences have resulted in more and more people living longer."

More than ever, products specifically designed to improve the quality of life of infirm and elderly people are needed, he says.

Health & Comfort was formed two years ago when Mr Holden bought the division of the same name from Carters (J & A) Ltd, manufacturers of artificial limbs and wheelchairs. A price list and product news bulletins offer a selection of products which include toilet and bathing aids, self help, bedroom and homecare, mobility aids and grab

bars and support rails.

The company's policy is to make it easy for the dealer to buy, says Mr Holden. There no minimum order and no carriage charges and margins are around 30 per cent, he says.

A new product from Health & Comfort is Coloursticks — lightweight aluminium framed walking sticks — available in yellow, green, red and blue. *Health & Comfort. Tel: 0373 822394.*

Kylie pant

Nicholas Laboratories introduced the Kylie pant for stress incontinence.

The pant has a special gusset which has a capacity to absorb up to 50ml of urine. Nicholas thinks the market for incontinence products is an expanding area, that is moving out of the NHS and into chemists.

The company recently ran an advertising campaign in the West Midlands and Tyne Tees areas. These test markets were chosen because they have good networks of continence advisers and have suffered tremendous cutbacks, the company says.

Local newspapers carried advertisements which included a coupon with responses for consumers to tick and hand into pharmacists for further advice.

Nicholas say the campaign produced a very good response, but add that the pharmacist's role would be enhanced by having a separate advisory area within shops. *Nicholas Laboratories Ltd. Tel: 0753 23971.*

Portable bidet

New from William Freeman is a range of products designed to make life easier for the bed-fast, the elderly and the disabled including the slipper bedpan. It is made in light weight polypropylene and positioned with just one hand, making it useful for patients who are large or have little mobility.

Freeman also introduced the Suba Care portable bidet, designed to be used with a conventional toilet and seat. It rests on the rim of the toilet and has a soap holder. Warm water is added and the patient can wash affected areas. Contents can then be disposed of by slightly tipping the bidet to the rear.

The product is made of polypropylene and can be sterilised using household disinfectants. Freeman say it is useful for sufferers of incontinence, cystitis and anal disorders. *Freeman, William & Co Ltd. Tel: 0226 284081.*

Bard's Biocath

Hydrogel encapsulated catheters became available on the Drug Tariff for the first time in April.

And Bard launched the Biocath range of indwelling foley catheters consisting of a latex substrate coated with a special hydrophilic polymer or hydrogel.

Hydrogels, which are relatively inert, are also used in other medical areas such as ophthalmics, vascular surgery and orthopaedics, say Bard.

This special coating causes less trauma on insertion and removal because hydration of the surface gives extra lubrication, Bard say. And trials have shown that the Biocath catheters also resist bacterial colonisation and encrustation. *Bard Ltd. Tel: 091 534 3131.*

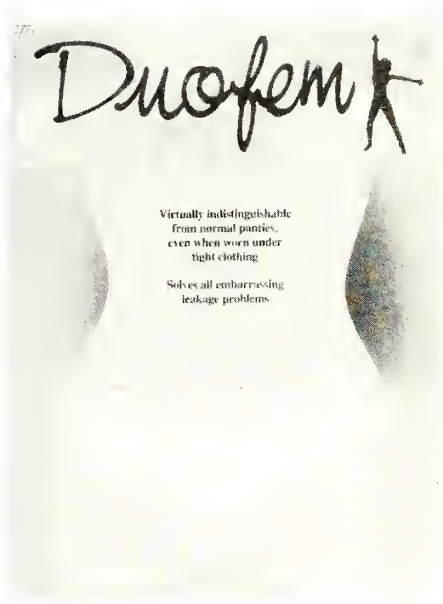
Thames Valley

Thames Valley Medical supply a range of aids for the disabled and incontinence equipment.

Products are listed in five catalogues — ostomy, rehabilitation, incontinence, diagnostic and first aid equipment. And TVM are now updating their handbooks, starting with the incontinence guide. According to Edward George, sales administrator, the new book will give pharmacists unbiased technical advice.

The company already provides an information service that deals with telephone inquiries from pharmacists. Incomplete prescriptions for appliances are a common problem, says Mr George.

And he thinks the incontinence market is an area in which pharmacists can become more involved as official figures grossly underestimate the number of sufferers. He encourages pharmacists to look out for tell tale signs. Mr George estimates that around 45 per cent of sanitary towels are bought for incontinence.



A new product introduced this year by TVM is the Duofem re-usable brief designed for sufferers of stress incontinence. Duofem features a pant with an integral, washable, absorbent pad, and is available in four sizes, and two styles, in blue, pink and white.

Information leaflets and a display card featuring a miniature pant is available from TVM. A PR campaign earlier in the year in the women's Press resulted in 6,000 requests for information, Mr George says.

TVM also have a leaflet on pelvic floor exercises that can help in stress incontinence. *Thames Valley Medical Ltd. Tel: 0734 595835.*

Servicecall

Servicecall is a signalling system for disabled people to call for service at chemists, petrol stations, shops and other public buildings. The system comprises a hand held transmitter and a receiver that fits inside a window.

Once a call for service has been received a "bleep" is sounded on the premises indicating service is required. An extension box is also available, which is plugged into the main receiver and can also be used to silence it. *Servicecall Systems Ltd. Tel: 0629 812422.*

Alan Smith's package deal for pharmacy

Alan Smith, FPS, wants to see Nuffield introduced as a package and only in exchange for changes in the way pharmacists are paid and the way labour costs are calculated. If that does not happen pharmacists are going to be the losers. To try to ensure it does, Mr Smith says if he is elected to the Society's Council next year he will push for such a package deal

Changes in pharmacy supervision and delegation of routine dispensing to technicians need to happen but should be accepted only as part of a package and in exchange for changes in the remuneration system and in the way labour costs are ascertained, Alan Smith told the Institute of Pharmacy Management International's conference in Cheltenham last weekend.

Until recently Alan Smith was chief executive of the Pharmaceutical Services Negotiating Committee. He is now a pharmacy consultant.

In urging pharmacists not simply to accept supervision changes he used the analogy of the Law Society which did not give up its conveyancing monopoly lightly but used it as a negotiating tool to try to get a wider audience for solicitors in the Crown Court and for changes in the legal aid system. Pharmacists should learn from their example, he said.

There is a danger that with the present system of remuneration and method of estimating labour costs, for pharmacists to move from the dispensary could mean a reduction in their pay because as more dispensing is delegated to lower paid staff the apparent cost of dispensing falls with a lower amount allowed in the global sum. Similarly, advising patients is not paid for by the NHS so generates no income unless a sale is made or a patient is referred to a GP and returns with a prescription.

Unless payment for a second pharmacist is made only to those pharmacies actually employing second pharmacists rather than to everyone as part of the prescription fee there will be a temptation to employ fewer pharmacists and use dispensing technicians reducing the cost still further. Mr Smith calculates that unless the method of remuneration is changed these factors alone could take £20m out of the balance sheet.

If elected to the Council next year Mr Smith said he would do all he could to push for the Nuffield recommendations to be implemented as a package and not piecemeal and for remuneration changes.

As well as individualisation of payments Mr Smith feels that a

practice allowance should be re-introduced but on a variable basis depending on services offered, volume of dispensing and distance from the next nearest pharmacy.

Encouraging pharmacies to amalgamate and relocate would also be an essential part of any package. This would help rational location. Control of entry alone will not result in rational location, he said. In any case the new contract with its restricted entry is not sacrosanct. It would not be difficult for opponents to argue that it is restrictive and does not allow sufficient competition.

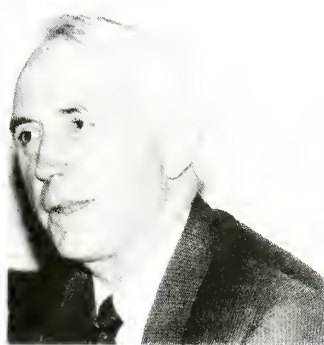
Mr Smith ran through some of the different ways of paying pharmacists that had been discussed in the past; some of which may still be floating around as ideas for the future.

The first and simplest method would be to pay pharmacists a percentage gross profit on the cost of drugs dispensed. This is all very well while drug costs are rising. But if prescribing costs fall through influences such as formularies and Prescription Pricing Authority printouts to doctors then pharmacists' income falls. The Department of Health believes pharmacists have little influence on drug costs and sees no reason why they should benefit directly from increased drug costs.

During the new contract discussions there was a suggestion to pay a flat fee regardless of ingredient costs. This would be easy to administer and was the type of system in operation when Mr Smith first joined the PSNC but it resulted in one pharmacy closing every working day.

The flat fee system is good news for pharmacies with high prescription volume, because it means they have lower unit costs, but bad news for smaller contractors. It bears no relation to the cost of providing the service. And like gross profit on cost it is supply orientated with no reward for quality service.

A third suggestion was for a free market, which Mr Smith feels would result in chaos. Although the idea of pharmacists being free to charge what they like for professional services, with the Government paying drug costs,



Alan Smith

might be attractive it would encourage cost cutting. This has happened in the United States where the number of pharmacists employed is small compared to the number of technicians and contact with patients is minimal with postal dispensing common to help keep costs down.

A salaried service has been popular with previous governments but pharmacists have been less than enthusiastic about it.

Mr Smith feels quality of service would suffer if community pharmacists were paid a salary. One only has to look at the queues in Post Offices to see what might happen. And retail pharmacists are unlikely to be happy with rates of pay similar to their hospital colleagues.

Privatisation is a great threat to pharmacy because it would bring more competition for dispensing not only between pharmacies but also from doctors. Before the NHS, Mr Smith said that pharmacists did 12 per cent of the dispensing whereas doctors did 88 per cent.

Tendering could be expanded to include community pharmacy. But if accepted it would be an example of pharmacy shooting itself in both feet simultaneously, Mr Smith said. There would be a danger that pharmacies would put in low tenders to gain business or use dispensing as a loss leader to entice people into their shops. And once any competition had been beaten off those left with the dispensing contracts could charge what they liked for their services.

A variation of the present cost plus system has found favour with civil servants who would like to

see a return to the days of fewer pharmacies which would lower the cost of providing a pharmaceutical service. The idea would be to raise the level of dispensing at which full costs are paid from 16,000 prescriptions to a higher level. PSNC has strenuously resisted any such move in the past because it is felt that it would take pharmacy back to the situation in 1977 when 42 per cent of contractors did not even recoup their costs let alone make a profit.

Mr Smith hoped the present cost-plus basis of the contract would continue because it would hopefully mean that the profession would be able to dedicate more space to serving and advising patients and prescribers with a consequent increase in costs and therefore pay.

As for containing drug costs Mr Smith thinks there needs to be an incentive/disincentive system for doctors and pharmacists to enhance co-operation on keeping costs down. For example, pharmacists could be rewarded for good stock control or economic buying. This would be far preferable to more rigorous methods such as extending the limited list, encouraging hospitals to supply community pharmacies with drugs at contract prices or enforcing generic prescribing.



Dr Shirley Ellis welcomes the recent circular on clinical pharmacy (p902)

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From behind the scenes to centre stage

The future role of community pharmacists will need a minimum of 12 months experience before competency is achieved and it will be almost impossible for pharmacists from hospital and industry to step straight into a community pharmacy job.

That is the view of Savory & Moore & R. Gordon Drummond

education will be important.

Nuffield promotes the idea of a 24 hour service but Chris Rains' experience is that such a service tends to be abused with dispensing of "urgent" FP10s and non-urgent items out of hours.

Chris Rains sees hospital pharmacy becoming more entrepreneurial. Already total parenteral nutrition compounding and cytotoxic reconstitution units are being set up to raise money by selling to the private sector. He feels such ventures will prove to the Government that hospital pharmacy can generate its own income, resulting in further cuts in funding which could lead to privatisation.

Martin Oliver pointed to Nuffield's emphasis of the importance of pharmacists in industry with a role in all stages of medicines supply to patients.

In future he hopes more pharmacists will move into industry. He sees the need for them increasing, particularly in medical information, as products become more specific and technical and the demand for information increases.

Dr Shirley Ellis, regional pharmaceutical officer for East Anglia, gave a personal welcome to the recent circular on clinical pharmacy: "For once we have an instruction to do something which involves money being put into pharmacy," but, she added, how much money is debatable.

She personally thinks there is now an opportunity to take the profession forward but the current political climate will have to be very much in mind.

The circular recognises that health authorities should already have developed adequate systems for acquisition, storage and supply of medicines so attention will be on developing clinical pharmacy.

John Gentle, Young Pharmacists Group, emphasised that the group does not aim to be disruptive as some seemed to think but to provide a platform for pharmacists who found their local Society branch could not fulfil that need.

He feels the Government is not prepared to pay a second pharmacist allowance and to hope for one is unrealistic. But pharmacists must get out into the community so the YPG favours training for assistants to take on delegated tasks and free pharmacists for other roles which may involve short absences from the pharmacy.



Gerry Greene

retail director Gerry Greene who told IPMI delegates of the company's plans to bring their pharmacists from behind the scenes and onto "centre stage" in the pharmacy.

Company consumer research has shown that pharmacists need to spend most of their working day in the front shop, especially in the prescription reception/chemist counter area. With that in mind Savory & Moore are to install a "pharmacist work station" in four John Bell & Croydon stores in the New Year.

The work station is to be sited alongside the chemist counter area where the pharmacist can receive incoming prescriptions, key in information on a computer at the work station, check finished prescriptions and hand them out.

Close to the work station it is intended to make a space for brief consultations with patients.

With so much more customer contact Mr Greene is convinced that pharmacists will need a full 12 months and more training in community pharmacy to acquire the level of skill needed to cope.

Industrial pharmacist Martin Oliver, community pharmacist Neil Rudolph and hospital pharmacist Chris Rains, presented their views of pharmacy. All three are newly registered.

Neil Rudolph has found that most of a pharmacist's time is still spent dispensing although people do come for his advice particularly those between 20-30 years.

In future he sees pharmacists moving much more into an advisory role with less time in the dispensary so continuing

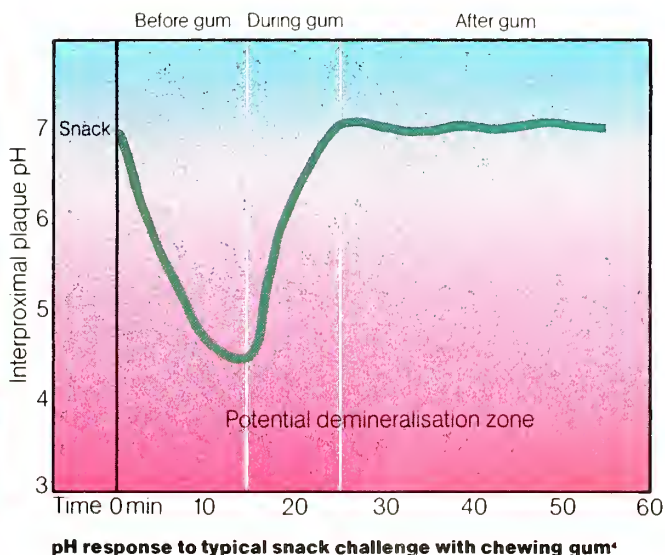
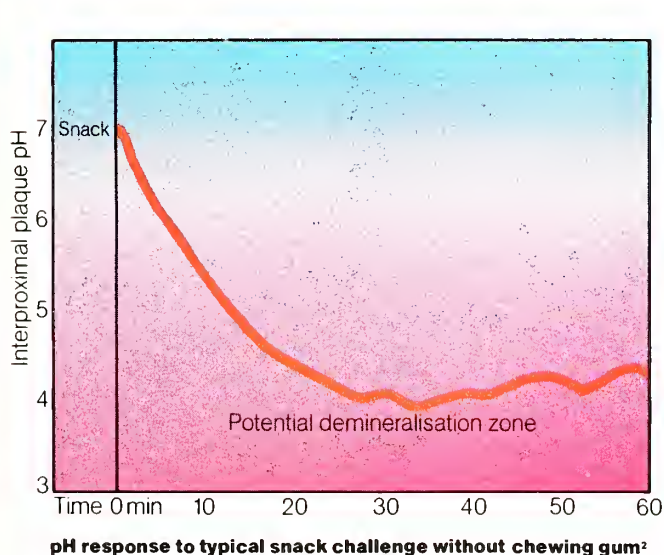
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NI pharmacy offers screening service

Over 100 pharmacists attended the second annual National Pharmaceutical Association North West Conference in Warrington last Sunday and its associated mini-show of NPA suppliers. Sponsored by Duncan Flockhart, conference heard how Northern Ireland pharmacist James Boal had started a private screening service from his Bangor pharmacy.

Mr Boal first got into screening in his pharmacy by testing for blood sugar free of charge. This went on until his machine wore out. The local practice was then presented with a similar machine by charity, but did not use it themselves, occasionally calling on Mr Boal to do the odd blood sugar or cholesterol test.

He challenged the GPs to say where they thought cholesterol screening in the community was best done — they said the pharmacy. Their problem was that they could not recover the costs of running the service from the patient because screening was already provided under the NHS.

Mr Boal bought a Reflotron some two years ago after various trials on the health centre machine. Before going ahead he told the GPs the full range of tests that could be done by their machine. As a result he now has their trust and gets referrals by letter for, not just cholesterol screening, but also testing for uric acid and pancrease. He says the patient can be back in the surgery after just 20 minutes with test results, something they find very attractive.

Mr Boal only tests for cholesterol without a letter from the GP, and only went ahead with screening after doing a local survey to gauge the need. The three requirements set by the public were:-

1. Ease of access.
2. No appointments.
3. Assurance of reliability.

The High Street location satisfied the first criterion as well as the second. Mr Boal says 70 per cent of people who ask to be screened do so on impulse when they see the discreet notice on the door or by the till point.

Mr Boal also advertised in the local Press initially. The advert mentioned trained pharmacy staff able to read a result and refer to the GP as necessary. It gained the confidence of both the public and the doctor. The result is that the pharmacy now averages ten cholesterol tests a day.

The procedure is described by Mr Boal as "very undemanding but exacting". After switching off,



James Boal

the machine is cleaned — this takes three minutes. In the morning the machine requires a five to ten minute warm-up period before the optical system is tested using a standard. Once a week Mr Boal does a quality control test. And every three months the manufacturer submits three blind samples. So far Mr Boal's tests have been well within limits.

The machine cost £3,000 and is run alongside a digital read out sphygmomanometer. Mr Boal will offer to do a blood pressure test after testing for cholesterol and will do it free of charge if the cholesterol result is high. With running costs for the "chemistry and polythene gloves" of around £1 a test the charge has been fixed at £5.50. Cholesterol and blood sugar combined is £8.50.

Mr Boal says that, as a professional, he is responsible for the results of his tests. NPA insurance covers him for the "physical act", but nonetheless, he enters on a record form any referrals to the GP that he recommends following a high cholesterol count.

And he sees the service as part of the extended role, but a service that he is paid for, unlike traditional counselling. "I do a professional community service and get some remuneration."

Mr Boal suggests that preventive medicine is not dramatic, not romantic, receives no plaudits, and so is unattractive to Government. However, if the average cholesterol count could be reduced below six, he says the incidence of heart disease would fall by 38 per cent and strokes by 50 per cent. Every person tested for cholesterol gets a guide to

healthy eating and an encouragement to come back after three months for a follow-up.

The unit is located on a dressing trolley in an 8 ft by 4 ft cul de sac in the pharmacy. Mr Boal says it is "private, clinical and clean" and satisfies his customers' expectations.

For Mr Boal the counselling

that follows the test is the most important part of the operation.

However, Mr Boal is conscious that every pharmacy cannot screen. In his case, although he has four competing pharmacies, a section of his test clientele come from the 28-doctor health centre the pharmacies surround!



NPA chairman Michael Thornton, chairing the conference, said he believed 1992 would not affect the individual retailer a great deal. "We won't become like the continental pharmacists and they won't become like us." He said that resale price maintenance would not be affected in the UK but that products that crossed borders — such as PIs — would

Profit guide

Patrick Stevens, a partner in accountants Finnies, told conference how to "Profit from your accountant". He gave a checklist of accounting parameters against which to



Patrick Stevens

measure need. And he advised that if an accountant was not able to supply the required service then the pharmacist should shop around. "Determine the cost and make your accountant stick to the quotation within reason."

His checklist for the proper running of a business is:

1. Margins. Do the prices charged give the proper return for each category of goods? Accountants have scales and can advise. Too small a margin can be the result of shrinkage — "the not insubstantial bonus that is not discussed with management." Remedies can involve a share scheme for managers and an incentive schemes based on takings for the staff.

2. VAT. Retailers can do their own returns but an accountant may produce a better result. Cash accounting may be better than the use of debits and credits.

3. Computerised monthly management accounts. Enter takings, expenditures and accruals to produce monthly branch accounts. Weigh the cost against any extra money that may be made.

4. Personal financial profile. Determine where you are trying to get to in business and plan through your accountant.

5. Property. Seek advice on investing in commercial property. It is often bad to put the freehold of a property into a company.

6. Pensions. The range of pension plans is infinite and increasing so go to the professional for advice.

7. Releasing funds from the business. This depends on whether the business is being grown: if it is funds are left in; if not, then they can be released.

8. Taxation. It is usually better to be a sole trader or in a partnership if annual net profit is below £95,000. After 1990 husband and wife will be able to be separate partners within the business. Set down shareholders rights and draw up partnerships.

9. Annual tax planning. Set out timing of capital expenditure and liabilities and when you wish to draw money out of the company. Is it better to do this by bonus, dividend or by payment in kind?

10. Raising finance. Seek out the best source of funds.

11. Preparation of accounts.



NPA director Tim Astill features prominently in a new Ciba-Geigy video on product liability which he showed to Conference. The NPA view that pharmacists only need to keep batch records of products manufactured in the dispensary is contrasted with that of the Dispensing Doctors Association, which suggests GPs should record full product details of all items dispensed, retaining them for 13 years

BUSINESS NEWS

New pricing regs for '89

Laws governing the pricing of retail goods are being simplified from March 1 next year.

Consumer Affairs minister Eric Forth has announced that from that time there will be just a general "misleading pricing" offence and a code of practice to guide retailers on what can and cannot be said when marking goods.

Key points in the guide include the provision that in the case of sales, shops should show the previous price of goods as having been on sale in the same shop (and not elsewhere in a chain), for at least 28 consecutive days in the previous 6 months.

Mr Forth said he found no consensus to support tightening the regulations — despite a lobby from The Retail Consortium.

National Pharmaceutical Association director Tim Astill, though yet to have an opportunity to study the new code in detail, welcomed what he described as "a step in the right direction...a guide that is not written for lawyers and can be used by the ordinary shopkeeper."

BUSINESS BRIEFS

Lloyds Chemists plc announce that, subject to passing of a suitable resolution at an Extraordinary General Meeting to be held on November 18, all the convertible preference shares (C&D October 29, p768) will have been taken up.

Degussa Pharmaceuticals Ltd have a new telephone number: 0223 423434. Fax is now 0223 420943 while the telex number is unchanged.

AAH recovering lost ground

AAH Holdings plc are recovering sales lost in the first quarter of the year to Unichem, mainly at the expense of Macarthy, according to chairman William Pybus.

The group's interim statement for the six months to September 30 issued this week shows turnover up in the pharmacy division by 5 per cent to £374.6m over the same period last year. Mr Pybus says: "The results show that this company can do very well, with or without the Unichem share scheme." Pre-tax profits are up £2.9m to £13.1m.

Mr Pybus said that the scaling down of Macarthy's national operation has meant that AAH are now picking up full accounts, with other wholesalers moving into the position of second supplier.

He estimated that the total market has grown by 9 per cent

over the year and with AAH sales up 5 per cent they were "probably about 5 per cent down, but we have been trading under extraordinary conditions." As a percentage of AAH's total business, pharmaceutical supplies has slipped back 1.8 per cent over last year to 72.2 per cent.

Earnings per ordinary share at 13.2 are up 7 pc and the directors have declared an interim dividend of 4p, up 11 pc over last year.

AAH's development plans for the next decade, particularly the Meditel computer monitoring service, are advancing well, added Mr Pybus. The company now has 2,000 computers installed for doctors use in registering what prescriptions have been issued, about half the number the system would need to provide drug monitoring services to manufacturers.

NPA Provident under threat from financial Act

The National Pharmaceutical Association is concerned that the Financial Services Act is threatening some of the services that it provides to members.

Director Tim Astill says the NPA had to stop handling life insurance for members as a result of the Act. And he says this "anvil of legislation" also threatens the sickness and retirement schemes provided by the NPA's Provident Society.

Mr Astill recently met with Peter Lilley, Economic Secretary to the Treasury, to discuss the effect of the Financial Services Act on associations such as the NPA who only provide services for their members.

□ Similar Names List — apologies for misspelling Mucodyne (Mycodyne) and Tildiem (Tildem), but the NPA say that inclusion of discontinued products was intentional.

No Sunday change yet

The proposal made by the "Keep Sunday Special" group for a modified reform of the law on Sunday Trading has been rejected by the Government.

The Earl of Dundee, a government spokesman, told the Lords earlier this week that the proposals were "extremely complex and likely to lead to further anomalies and difficulties."

He said the government would consider a solution "if and when" sufficient levels of support can be achieved — wanting to avoid a repetition of a deregulation Bill's defeat in the Commons in 1986.


He ruled out legislation exempting certain types of traders from the Sunday trading restrictions on that grounds that to do so would build up pressure for piecemeal change which the government regard as unsuitable.

Beecham go for research

Beecham Pharmaceuticals are expanding their research facilities following the acquisition of a 6.7 acre site next to their Medicinal Research Centre in Harlow, Essex.

The project is part of Beecham's investment in new prescription medicines. Dr Keith Mansford managing director (research and medical), says this currently runs to £2m a week.

The first building stage is expected to be complete by the early 1990s and then around 200 new jobs could be created.

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IWP acquire Freeman

William Freeman & Co Ltd have been acquired by Irish Wire Products for £4m. Almost £2m in cash is being paid with the balance by the issue of 771,000 shares placed here and in Ireland at 265p and 1R314p a share respectively.

The manufacturer of the Suba Seal range and other domestic rubber products will continue under the existing management.

Freeman made £363,000 pre-tax profits on a turnover of £4.5m in 1987.

CIA's green light

Health, safety and environmental protection are the aims of a "Responsible Care" programme launched by the Chemical Industries Association.

It provides guiding principles and check-lists for management to examine their own performance in health, safety and environment protection.

President of the CIA, Allan Rae says: "We must acknowledge that much of what industry does changes the natural order of things. The word *chemical* has become synonymous with something harmful and clearly our efforts towards these objectives, and in particular pollution, must be the first priority."

CLS finance

Medirace plc are in the process of adding to the 20.8 per cent of share capital they already own in Cambridge Life Sciences and are set to acquire the company.

The boards have agreed an offer of one new Medirace ordinary share for every three CLS ordinary shares. The deal values CLS at £3.96m. Medirace have received acceptances from eight of CLS's major shareholders which should, the company says, take its holding to 53.3 per cent.

A Medirace company spokesman said the deal will help finance CLS work in the biosensor field and instrumentation. The company is confident that the acquisition will "enhance the prospect of an early and substantial cash flow through the production and sale of the proprietary biosensor technology, and assist its aim to develop a monitoring device for AIDS and cancer," he said.

Zovirax gives Wellcome boost

Wellcome plc's worldwide operations yielded sales of £1,251 billion, up 10 per cent, and pre-tax profits of £221.2m, a rise of 31 per cent, in the year to August 27. Earnings per share, at 15.1p, have increased by 35 per cent.

Announcing the preliminary results last week, chairman Alfred Shepperd said Zovirax and Retrovir, together with sound OTC performances, explained the record sales figures.

A breakdown of the results shows that Zovirax is still top performer with turnover up 35 per cent to £216m. Actifed and Sudafed, core of the OTC business, had sales down 1 per cent to £126m. And Retrovir, which was in its first full sales year, was ranked third behind these with £90m of sales.

North America dominates sales with 42 per cent of turnover followed by the UK with 10 per cent. Japan showed the greatest growth with sales up by 30 per cent, mainly due to a 47 per cent increase in sales of Zovirax.

Mr Shepperd said currency movements throughout the year, mostly the relatively weak dollar, had knocked about £92m off turnover and some £25m off pre-tax profits.

He also used the occasion to state the company's position on

revealing profits from its anti-aids drug and to respond to media suggestions that public pressure in the US would bring down the price of Retrovir. "I am not going to get into a debate about the profits of Retrovir. We don't think we make any profits which are excessive on any of our products and I don't expect the price of Retrovir to come down," he said.

Dr Howard Schaeffer, one of the Wellcome directors with specific responsibility for development, said that immediate plans include marketing applications for two neuromuscular blockers in the US. Doxacurium (long lasting) and Mivacurium (short lasting) will be submitted within the next half year, he said.

Six anti-cancer compounds have been selected for project status and four are in clinical trials. They are believed to act by interrupting DNA synthesis within cancer cells. Mr Schaeffer said the company has a number of products awaiting FDA approval, including Flolan, Duact and Wellferon.

Mr Shepperd added a plea that the FDA application should be simplified and said he welcomed the single market concept because of its potential to speed up drug approval.

COMING EVENTS

Monday, November 21

Southampton Branch, RPSGB. Postgraduate Centre, Southampton General Hospital, 7.30pm. "Heart attacks". Speaker, Dr Waller.

Thursday, November 24

Fife Branch, RPSGB. Joint meeting with Dundee Branch. Fernie Castle Hotel, Letham, Fife, 8pm. "The application of fibre optics in endoscopy and the treatment of peptic ulcers". Speaker, Dr John Wilson. Buffet supper.

Mid Glamorgan East Branch, RPSGB. Globe Hotel, Pontypridd. "The fight against drug abuse in the local community" by Dr W. Clew. Buffet supper.

Tuesday November 22

Hull Pharmacists Association, RPSGB. Postgraduate Centre, Hull Royal Infirmary Anlaby Road, Hull at 7.45pm. Yorks. region continuing education course on 1 per cent hydrocortisone.

Leicestershire Branch, RPSGB. Postgraduate Medical Centre, Leicester Royal Infirmary at 7.30pm. Postgraduate Lecture series on cardiovascular disease IV.

Industrial Pharmacists Group, RPSGB. Joint meeting with the Hospital Pharmacists Group on the

Interface between hospital and "industrial pharmacy" on November 30. Topics include: "presentation of medicines"; "Re-formulation for patients"; "Marketing of medicines to hospitals"; and "Influence of drug & therapeutics committees" presented from both hospitals and industry's viewpoints. The fee is £20 for members and £30 for non-members. Further details from Mr R. Marshall, RPSGB, (tel: 01-735 9141 extn. 289).

Parenteral Society. Tutorial on principles of biological monitoring" on December 6, at the medicines Testing Laboratory, Edinburgh. Further details from Mr M.G. Powell, promotional secretary. (Tel: 0793 824254).

Product Liability Research Group. Workshop on how to make product safety pay, at Regent Palace Hotel, London on December 8 and April 6, 1989. Topics includes "EEC regime of strict liability" and "protecting your business if something goes wrong". The cost is £168 exc. VAT. Further details from PLRG. (tel: 0227 362233).

Scottish Department, RPSGB. Lecture at York Place, Edinburgh, at 7.45pm. on "Development of Health Industries in Scotland" by Mr David Taylor, Project Executive Scottish Development Agency, Glasgow.

Pound hits Amersham

Amersham International are reporting a fall in pre-tax profits of 8 per cent at £10.76m (£11.70m) for the half year to September 30. Turnover is 8 per cent up at £86m, but the strength of the pound is said to have reduced the profits by £2.5m despite efforts by the company to mitigate the impact of exchange rate movements.

Amersham exports 90 per cent of its products manufactured solely in the UK, supplying 150 nations with radiopharmaceuticals and diagnostic systems such as, thyroid uptake, rubella and the monitoring of digoxin and hormones.

Chairman, Sir Edwin Nixon, says, "We have maintained underlying growth and achieved high returns, but the strengthening of the pound against the dollar produced an adverse currency effect on sales".

Five year meetings

Celltech Ltd and the Medical Research Council have signed an agreement — a Memorandum of Understanding — which will last for five years from this month.

Dr Dai Rees, secretary of the MRC, says the main feature of the agreement is the provision for regular and reciprocal dialogue between the two. It does not, he said, oblige the Council to give preferential treatment in respect of new technologies.

Contract to Evans

Evans Medical are investing £1.3m at Horsham and launching a contract manufacturing service to industry.

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ABOUT PEOPLE

Belfast chemist's fund raiser

Harte's chemists in Belfast are holding a business evening with a fund raising flavour.

Pharmacist Judith Rolston, who works at 11 Finaghy Road South, Belfast, got together with her boss, Patrick Harte to think of ways to raise money for a Marie Lewis McCord, a local child with cerebral palsy.

The community set up a trust fund to send six year old Marie to the Peto Institute in Hungary for specialist treatment. Staff at Harte's thought of ways of getting young pharmacists and students involved and came up with a business enterprise evening.

The event will take place at the

Wellington Park Hotel, Malone Road, Belfast, on November 22, at 7.15pm. Mr Jim Bell, regional business development manager for Ulster Bank will speak on: "How to start your own business", and an accountant from Price Waterhouse will be on hand to dispense advice.

There will also be an exhibition by local wholesalers including Vestric and Belmont. A buffet will be provided. The admission charge will be around £5 with proceeds going to Marie's trust fund as well as the N. Ireland Pharmaceutical Benevolent Fund. For further details phone Judith Rolston. Tel: 0232 629439.



Patients of Edenhall Hospice Hampstead enjoy a special anniversary concert sponsored by Napp laboratories on behalf of the Council for Music in hospitals

APPOINTMENTS

Advice for retailers

Salford-based wholesaler Mawdsley-Brooks have recruited two pharmacists to strengthen the supplier/client communication link.

Both are experienced retail pharmacists: Richard Hutton recently sold his 11 pharmacies in Yorkshire while John Davies, is a director of six retail outlets in the North West.

They offer a service which aims to identify and solve any problems faced by the independent pharmacist in the day-to-day running of his business. It is backed by a unique, in-house, customised, dispensary computer system which can provide up-to-the-minute information on stock, patients and profit.

As part of the programme they have organised seminars in North Manchester, Liverpool and Birmingham recently and meetings in South Manchester and Preston will follow shortly.

The seminars allow customers to meet personnel from Mawdsley-Brooks, and provide the forum for discussing problems, such as staff training, training grants, merchandising, administration and stock-control systems.

The Advisory Council on the Misuse of Drugs:

The Home Secretary has appointed Professor David Grahame-Smith MB BS MRCS LRCP PhD FRCP to be chairman of the Council to succeed Dr Philip Connell. The appointment is for three years from November 1. Since 1972 Professor Grahame-Smith has been Rhodes Professor of Clinical Pharmacology at Oxford. He is also honorary consultant physician to the Oxfordshire Health Authority and honorary director of the Medical Research Council unit of clinical pharmacology. From 1974 until 1986 he was a member of the Committee on the Safety of Medicines.

Agfa-Gevaert have appointed Libby Abram as marketing executive with responsibility for retail marketing data.

United Overseas Group have appointed Dr Paul Sandom as group managing director to strengthen their sales in redundant toiletries.

Sir Paul Girolami, chairman of Glaxo Holdings plc, has been presented with the City and Guilds Insignia Award in Technology. Sir Paul was one of eight people to receive this award which recognises the application of technology at the highest level in industry.

Aid for Poland

Colin Doorbar, a community pharmacist in Workington, Cumbria, has recently returned from Poland where he was delivering badly-needed medical supplies.

He took about £7,000 worth of goods in a transit van and trailer on a trip organised by Polish Aid Allerdale, who take supplies to Poland four times a year. Most of the goods are drugs, including reusable medicines returned to his pharmacy, and baby milks and gluten-free products are also much in demand.

"The situation there is desperate and they are years behind us in the medicines they are using," Mr Doorbar told C&D.

He travelled free on a Polish Ocean Lines ship from Purfleet to Gdynia and spent six days in Warsaw, where his visit coincided with Mrs Thatcher's.

"I felt so sorry for the people, who were very hard-working, having to queue for basic items such as bread. It made me appreciate being British," he said.

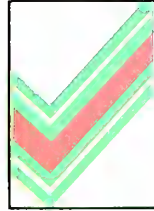


Super absorbent disposables have their uses even if not quite that for which they were designed. Sales assistant Ann Clarke of Hewitt's pharmacy, Kings Street, Ulverston with the help of a few dozen PeaDounce nappies defends the shop from a flash flood caused by a torrential hailstorm last month (Picture courtesy of North-Western Company Mail)

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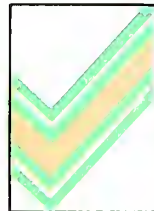
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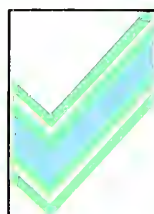
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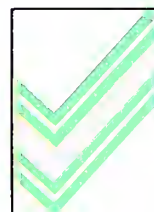
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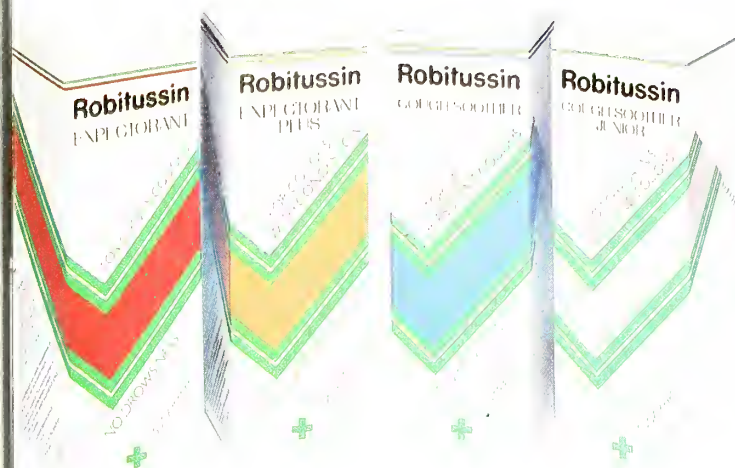


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There's boiling. Fine if it's done for long enough and if there are no air bubbles trapped in the bottles.

There's the cold method. It works if the concentration is right, but recent worries about the effect of sterilisation chemical residues means that rinsing is now widely recommended. This could result in a non-sterile bottle.

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